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ABSTRACT

This laboratory manual was designed for use by students in postsecondary courses that prepare them to be child caregivers or directors. The workbook is especially useful for students in lecture-laboratory courses on mainstreaming children with special needs into regular child care settings. This manual, designed as a laboratory experience guide and workbook, is written at a 10th-grade reading level. The format permits students to answer questions and make notes directly in the manual. The manual is organized into six units that correspond with the units in the Instructor's Guide. The units cover the following topics: understanding mainstreaming, the caregiver's role in screening and assessment, understanding special needs, promoting positive interactions, learning in the mainstreamed child care program, and supporting parents. Each unit begins with performance objectives. The objectives correspond with the unit objectives in the Instructor's Guide. An overview introduces basic concepts related to the unit topic. Suggested readings for indepth study are given at the end of the overview. Laboratory experiences in each unit include both observation and participation assignments. The learning objectives for each experience are designed to help students achieve one or more of the performance objectives. Participation evaluation forms are included for the instructor's use in evaluating a student's performance in the laboratory. Other components of the student laboratory manual include guidelines for successful laboratory experiences, a glossary, and a 16-item bibliography. (KC)

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The Special Child:

Student Laboratory Manual

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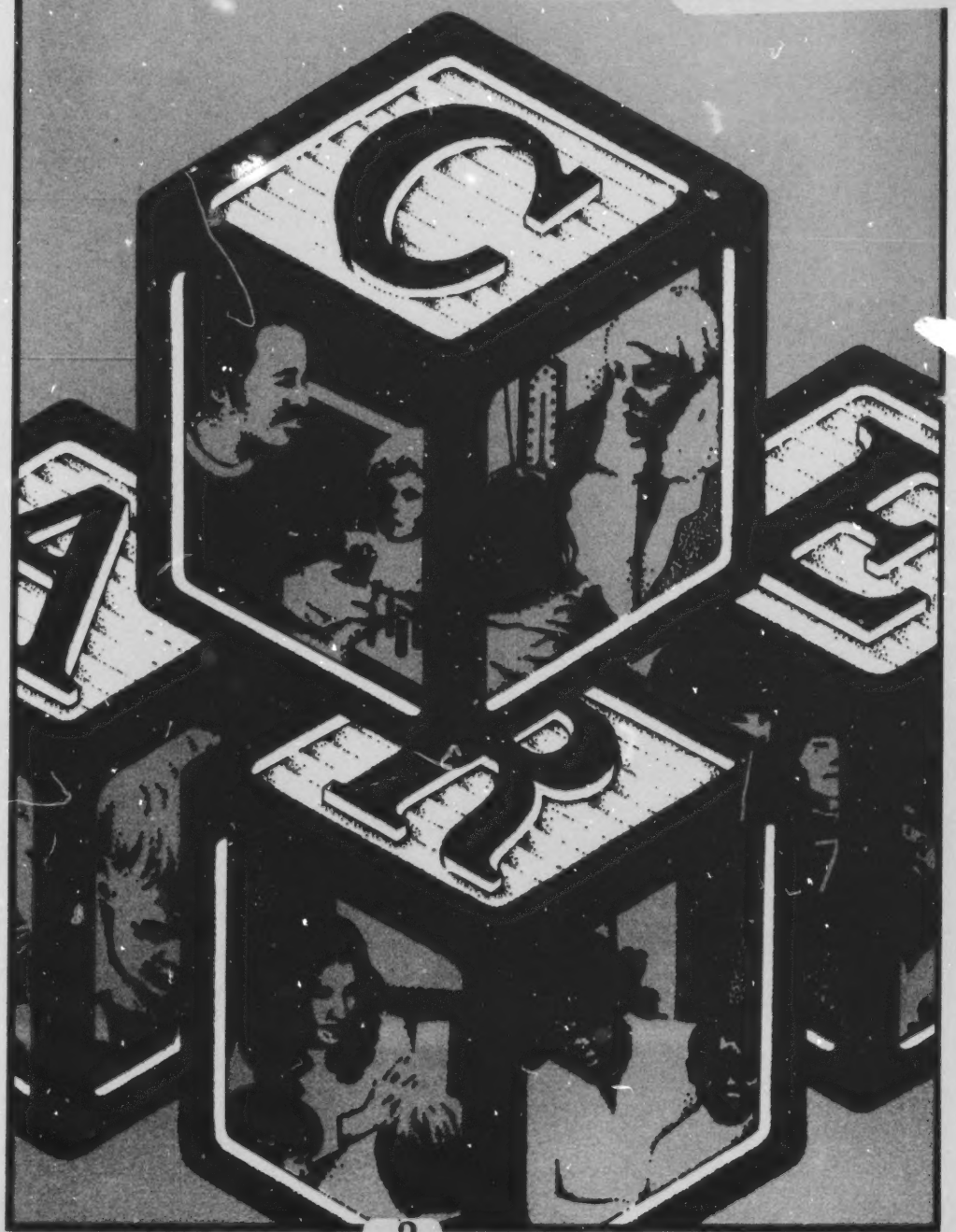

Division of Post-Secondary Programs
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The Special Child: Student Laboratory Manual

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COMPLIANCE STATEMENT

TITLE VI, CIVIL RIGHTS ACT OF 1964; THE MODIFIED COURT ORDER, CIVIL ACTION 5281, FEDERAL DISTRICT COURT EASTERN DISTRICT OF TEXAS, TYLER DIVISION

TITLE VII, CIVIL RIGHTS ACT OF 1964; EXECUTIVE ORDERS 11246 AND 11375; TITLE IX, 1973 EDUCATION AMENDMENTS; REHABILITATION ACT OF 1973 WAS AMENDED; 1974 AMENDMENTS TO THE WAGE-HOUR LAW EXPANDING THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967; AND VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT OF 1972 AS AMENDED IN 1974.

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Introduction

Increasingly, children with special needs are being cared for and educated in regular child care programs. These special children, as described in this manual, include both children with handicaps and children who are gifted and talented. When children with special needs are cared for in a regular child care setting, this is known as *mainstreaming*. To be successful, caregivers* in the mainstreamed setting, need to expand their concept of what is "normal" and to gain some additional knowledge and skills related to the special needs of the children for whom they will care.

The Special Child is designed to prepare you for working with children who have special needs in a mainstreamed child care setting. The experiences in each unit are intended to enhance your knowledge of and skills in working with special children. The laboratory (lab) experiences require you to observe and participate in the care and education of young special needs children.

The manual is divided into six units plus a glossary and a bibliography. Each unit includes: Performance Objectives, An Overview, and Lab Experiences. The first page of the unit lists the performance objectives. The objectives list what you should be able to do after you finish the unit. The unit overview gives information on the unit topic. At the end of the overview several books are listed. Read these references for more information. The lab experiences provide opportunities for you to observe and participate in activities related to the unit topic in a child care setting. Observation experiences require you to observe young children and their caregivers. Participation experiences require you to plan activities and work directly with the children. Each unit with participation experiences includes self-evaluation forms as well as forms for instructor evaluation.

The Special Child is a workbook. Write your descriptions of the lab experiences in the manual. These lab experience reports may be turned in to your instructor for evaluation and

*The term *child caregiver* as used in this manual refers to any individual who has responsibility for the direct care of children in a group child care setting.

feedback. This manual will assist you in gaining knowledge, skills, and positive attitudes about young children with special needs in group care settings. The classroom learning experiences provided by your instructor and your reading assignments will also hlep you become a competent caregiver of young children with special needs.

Guidelines for a Successful Lab Experience

You and your instructor will work together to decide which laboratory (lab) experiences you will do in each unit. Labs may be modified to meet the needs of your individual situation. Some courses may allow enough time for you to complete most of the lab experiences. Whichever activities you do, the following guidelines will help you have successful lab experiences.

1. Before beginning to work in the lab, obtain a copy of your state's licensing standards for child care centers. Familiarize yourself with the guidelines regarding the guidance or discipline of young children. Observe these guidelines carefully as you work with young children.

2. *Always read the unit overview and assigned readings.* You will need an understanding of the topic before you begin your observation and participation experiences.

3. *Notice the learning objective of each lab experience before beginning the experience.* The learning objective tells you the purpose of the lab experience. Reaching this learning objective will help you achieve one of the performance objectives at the beginning of the unit.

4. *Read and follow the directions for each lab experience carefully.* When you have completed the experience, answer the key questions for the lab experience.

5. *Plan ahead.* Work with your course instructor to plan which lab experiences you will complete and where they will be carried out. Work also with the caregiver of the children with whom you will be carrying out your lab assignment. Together, plan the date, time, and group of children with whom you will work. Get both your instructor's and the caregiver's approval for the lab experience you are planning. Be sure that both your instructor and the children's caregiver know what you will be doing each time you visit.

6. *Be reliable.* If you are scheduled to be at the child care center to conduct an experience with the children, be sure to arrive on time and follow through with your plans. Most experiences will take 30 to 60 minutes depending on

whether you are participating or observing.

7. *If you are already employed at a child care center, work with both your instructor and your center director to schedule your lab experiences.* You may be able to complete some of the experiences with your own group of children. If you need to visit other rooms in your center or another center, you will want to check this out with your instructor and the director.

Performance Objectives

Understanding Mainstreaming Unit I

Society's Changing Attitudes

- Summarize society's changing attitudes toward children with special needs.
- Discuss the purposes and implications of federal legislation which affects the education and care of children with special needs.
- Determine local and state regulations which pertain to the care of children with special needs.

Mainstreaming: What Does It Mean?

- Generalize concepts which underlie the issue of mainstreaming.
- Define key terms associated with mainstreaming.
- Discuss the advantages and disadvantages of mainstreaming.

The Caregiver's Attitude

- Analyze the importance of the caregiver's attitude in successfully mainstreaming children with special needs.
- Identify common concerns child caregivers may have about mainstreaming.
- Develop a personal philosophy of caring for children with special needs.
- Identify career opportunities and educational programs which would provide advanced training in working with children with special needs.

An Overview

Child caregivers are finding increased opportunities to care for children with special needs. *Mainstreaming* occurs when special needs children are cared for in a regular child care setting. To understand mainstreaming it is helpful to examine society's changing attitudes toward children with special needs. These changing attitudes have been reinforced through numerous federal laws.

Caregivers need to know the key terms and concepts associated with mainstreaming. They also need to be aware of the important role that the caregiver's attitude plays in the success of mainstreaming. The following overview summarizes some of these issues. To gain further understanding, study the references at the end of the overview.

Society's Changing Attitudes

Society's attitudes toward children with special needs have changed considerably. Today, the needs of special children are more widely recognized. The willingness to provide for these special needs has also increased. To appreciate the impact of society's changing attitudes, it is useful to examine how children with special needs were treated in the past and how recent legislation affects handicapped children. One important legislative act is Public Law 94-142, the Education for all Handicapped Children Act of 1975. This federal law calls for the education of handicapped children to take place in the "least restrictive environment." When possible, children with special needs should be cared for along with non-special needs children or in the "mainstream."

Attitudes of the Past. In the past, children with special needs were treated in one of two ways. Children with handicaps were *segregated* or isolated from other children through separate schools, institutions, and classrooms. Gifted or talented children were largely *ignored* as a group with special needs.

The segregation of children with handicaps was thought to be best for the children. In that way they could be provided with special teachers, curriculums, and equipment. Some say, however, that the real reason was society's negative attitude toward any person who did not fit into the expected norm. Being

different from others was something to be ashamed of and feared.

Beginning in the 1960's, however, attitudes toward children with handicaps and gifts and talents began to change. During this and the following decade, civil rights and sex equity movements called attention to the need for basic human rights for *all* individuals, regardless of how different they were. Organizations such as the Council for Exceptional Children also called attention to the needs of children with handicaps. People began to realize that "normal" encompassed a much broader range of human characteristics than was once accepted. The idea that everyone has common needs as well as unique needs began to take hold.

Federal Legislation. At about the same time that society's attitudes were changing, the Congress of the United States began passing laws to promote and protect the rights of persons with special needs. Some of the key legislation includes:

- Amendment to Title I of the Elementary and Secondary Education Act of 1966 (Public Law 89-313) which gave states the money to support programs for the handicapped.
- Rehabilitation Act of 1973 (Public Law 93-112, Section 504) which made it against the law to discriminate against the handicapped in any program receiving federal monies.
- Education Amendments of 1974 (Public Law 93-380) which includes monies for gifted and talented programs.
- Head Start, Economic Opportunity, and Community Partnership Act of 1974 (Public Law 93-644) which requires that 10 percent of each state's enrollment opportunities in Head Start be available to handicapped children.
- Education for All Handicapped Children Act of 1975 (Public Law 94-142) which calls for the states to provide an appropriate, free public education for all handicapped children. The Incentive Grant portion of the act encouraged the development of preschool programs for the handicapped.

Of these laws, Public Law 94-142 has had the most impact on the care and education of young children with special needs. The purpose of the act is to ensure that all handicapped children from age 3 to age 21 are given an appropriate, free public education. Other components of the act address:

- Identification of handicapped children
- Education in the least restrictive environment, or educational mainstream
- The Individualized Education Program, and
- Safeguards for the rights of children with handicaps and their parents

Though many of the laws are directed toward state institutions of public education, many child care programs have been affected. Both Head Start and Title XX programs for preschool children must serve children with special needs. Because of

these laws the concept of mainstreaming has spread into all other types of child care programs.

Mainstreaming: What Does It Mean?

The term *mainstreaming* can be defined as the care and education of special needs children in a regular child care setting. The trend toward mainstreaming, however, involves other concepts as well. Understanding these concepts and some key terms is necessary in order to judge the value of mainstreaming.

Concepts and Terms. One of the basic concepts behind mainstreaming is the idea that children are more alike than different. This means that all children share the same general needs. Children need caring adults to provide love, security, and safety. They need an environment which stimulates and supports their development. They need to feel good about themselves. They need to feel that they have some control over themselves and their surroundings.

If it is true that children are more alike than different, then most children can be cared for and educated together. This idea supports the call for care and education of children with handicaps in the "least restrictive environment."

Another key concept associated with mainstreaming is "individualized care and instruction." Though children share many of the same needs, they each have unique needs. Caregivers are encouraged to plan for each child's unique needs. This concept benefits not only the special needs child but all other children as well.

The mainstreaming movement has also called attention to the need for parents, caregivers, and specialists to work as a team. This concept has long been realized in the child care profession. Parents are the primary caregivers and educators of their children. Parents have the right and responsibility to make decisions about how their children will be cared for and educated. Caregivers and other professionals support parents through cooperative efforts. Children, thus, receive consistent care at home and in the child care center, or other educational settings.

In addition to the key concepts just discussed, it is useful to know some of the key terms and definitions associated with mainstreaming. Professionals in the field of special education do not always agree on the definitions given. The definitions to follow, however, are based on a number of sources and should be generally applicable.

- *Handicap.* Refers to any condition which somehow prevents, delays, or interferes with a child's normal growth and development.
- *Screening.* The process of identifying children who may have special needs. This may be done by means of a screening test or through caregivers' observations of children's behaviors.

- *Assessment*. The process of diagnosing a child's areas of strength and weakness. Done by trained specialists using a variety of diagnostic instruments.
- *Integration*. Refers to basically the same thing as mainstreaming, that is including handicapped children in the regular classroom or group child care setting.
- *Segregation*. Refers to separation of children with special needs from other children for care and education.
- *Least restrictive environment*. Refers to the environment which gives the child the most freedom and potential to develop. For some the least restrictive settings is the regular classroom or child care program. For others the least restrictive may be the residential setting.
- *Individualized Education Program (IEP)*. Refers to a written plan stating specific goals, objectives, and teaching strategies appropriate for the individual child. Always prepared in cooperation with parents, caregivers, and other specialists.
- *Due process*. Refers to specific legal procedures which must be followed before placing a child with special needs. Procedures are designed to protect the rights of parents and children.
- *Admission, Review, and Dismissal (ARD) Committee*. Refers to an on-going committee composed of parents, teachers, and other professionals. The committee develops and evaluates the child's IEP each year.

These are but a few of the terms which are common in the literature on mainstreaming. Understanding these terms and the key concepts is useful when discussing the advantages and disadvantages of mainstreaming.

Advantages and Disadvantages. In the past children with handicaps were segregated. Separate care and educational settings were expensive. It also isolated handicapped children from the rest of society and their peers. Many of the disadvantages of segregation can be overcome through mainstreaming.

In the mainstreamed setting, handicapped children learn positive social skills through imitation of non-handicapped peers. This prepares the handicapped children for dealing with the real world. In addition, positive social interactions with peers build positive self-concepts.

Non-handicapped children also benefit from mainstreaming. They learn to accept a wide range of differences among people, especially if caregivers set a good example. The opportunity to tutor or serve as peer models helps non-handicapped children gain important caring attitudes and skills.

Other benefits of mainstreaming include increased individualized care for all children and reduced costs. Mainstreaming emphasizes that each child has unique needs. Individualized care and education for the handicapped has been proven effective. When handicapped children are included in the regular child care program, it makes sense to individualize for all children.

The overall costs of care and education are reduced through mainstreaming. Many of the costs for facilities, equipment, materials, and staff can be shared. Mainstreaming is especially cost effective for public schools.

Mainstreaming seems like the ideal situation, benefiting not only the handicapped children, but the non-handicapped as well. However, some disadvantages are associated with mainstreaming. Because care and education must be individualized, additional staff training may be necessary. Caregivers may find, especially at the beginning, that they are spending more time in planning than before mainstreaming took place. Some child care facilities may need to be modified in order to accommodate some types of handicapped children. Mainstreaming may not be successful in a child care program unless some of these disadvantages are overcome.

The following list of tips is recommended for successful mainstreaming in the child care program:

- Begin mainstreaming in the preschool years when children are more open to differences in others.
- Have clearly stated program philosophy and goals based upon mainstreaming concepts.
- Make necessary modifications to the environment to accomodate the handicapped.
- Mainstream more than one special needs child in a group.
- Learn to use available community resources.
- Provide training for caregivers.
- Cooperate with parents and other professionals in meeting the needs of the child.
- Modify the curriculum when necessary to accommodate individual needs.
- Actively plan for and encourage social interactions among the children.
- Create a classroom environment rich in sensory experiences.
- Plan to meet each child's individual needs.
- Prepare non-handicapped children to accept children with special needs.
- Help non-handicapped children serve as peer models and tutors.

The Caregiver's Attitude

The attitude of the caregiver is very important for the success of mainstreaming. Caregivers need to reflect upon their concerns and feelings about mainstreaming in order to develop a personal philosophy. Training and education help caregivers form positive attitudes and succeed in mainstreaming.

Attitudes. Professionals associated with mainstreaming generally agree that the attitudes of the caregivers are the key to success. If caregivers are open and accepting of children with special needs, the other children are more likely to be open and accepting also. Attributes for caregivers include:

- A positive attitude about individualizing care and education
- Sensitivity toward children with special needs

- A positive self-concept
- The desire and the ability to cooperate with others
- A willingness to try new things
- Alertness to patterns of child growth and development

These attributes clearly describe any good child caregiver but are especially important in the mainstreamed child care setting.

Concerns. At first caregivers have many concerns about mainstreaming. Will it be necessary to spend a lot of extra time with the handicapped child? Won't gifted and talented children do just as well without special attention? Is it really possible to individualize care for all the children?

Caregivers also wonder about the effects of mainstreaming on the children. Will the handicapped child's self-concept suffer by being around more able children? Will the other children learn inappropriate behaviors from the handicapped children? How will the other children feel if a caregiver spends extra time with a special needs child? Will the non-handicapped children accept or make fun of the handicapped child?

Caregivers may also experience personal doubts. Am I emotionally strong enough to work with handicapped children? Won't I need a lot of extra training? Without a degree in special education might I do more harm than good? Am I smart enough to plan for each child's care and education?

Most of these concerns result from a lack of knowledge and understanding about mainstreaming and children with special needs. Almost any competent caregiver can learn to work with handicapped children and enjoy it as well. Good caregivers are always alert to the individual needs of their children. They are already involved in daily planning. They are constantly on the lookout for new ideas and for activities to do with young children. Caregivers need simply broaden their concepts of the "normal child" to include children with special needs in order to overcome many of these concerns.

Several concerns, however, do have validity and must be addressed before mainstreaming can be successful. More time is involved in planning and evaluating in the mainstreamed classroom. For this reason, it is recommended that caregivers be given additional support and training when necessary. The child/staff ratio in mainstreamed classrooms should be small enough to enable caregivers to individualize care. Some training is also advisable. This does not mean that all caregivers involved in mainsteaming must have a specialized degree in caring for the handicapped. Workshops, conferences, continuing education courses, and junior college courses can provide caregivers with the skills they will need to be successful in mainstreaming.

As to concerns about mainstreaming's effect on the children, caregivers should be alert to some research findings. Studies have generally shown that young children readily accept other

children with handicaps. This is especially true when caregivers make specific efforts to encourage socialization. The possiblity of non-handicapped children learning inappropriate behavior from handicapped children is minimized when only appropriate behavior receives a reward. The caregiver's concern is to avoid rewarding inappropriate behavior. The units to follow will further explain these and other ideas.

Career and Educational Opportunities. As noted above, training of some form greatly enhances a caregiver's success in mainstreaming. Some caregivers may find work with special needs children so rewarding that they desire advanced training. As caregivers work with a variety of professionals in the mainstreamed setting, they learn about other careers which provide direct services to special needs children. These careers include:

- Special education aide
- Special education teacher
- Educational diagnostician
- School counselor or family counselor
- Psychologist
- Speech therapist
- Physical therapist
- Physician

Each of these careers requires specialized education and training. To learn about these career options, visit a vocational or career counselor. To learn about educational opportunities, contact local educational institutions.

Summary

Children with special needs will increasingly be a part of many child care programs. Caregivers who understand mainstreaming realize that children are more alike than different. However, they also realize that extra care and time must be taken to plan appropriate individual programs for special needs children. Through understanding, caregivers cultivate positive attitudes—the key to mainstreaming success.

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Deiner, Penny L. *Resources for Teaching Young Children with Special Needs.*
Safford, Philip L. *Teaching Young Children with Special Needs.*

Student's Name:_____ Date: _____
Course: _____

LAB EXPERIENCE 1

LEARNING OBJECTIVE

Identify ways in which children are more alike than different.

DIRECTIONS

1. Arrange to observe a mainstreamed preschool group. [NOTE: If you do not have access to a mainstreamed setting, this lab may be done in a regular preschool setting.]
2. Observe the play and interactions of the children. Note examples of how children are more alike than different.
3. Answer the questions below.

KEY QUESTIONS

Describe two scenes which illustrate how children are more alike than different.

SCENE 1

SCENE 2

In what other ways are children alike?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 2

LEARNING OBJECTIVE

Describe the advantages and disadvantages of mainstreaming.

DIRECTIONS

1. Arrange to interview a director or child caregiver involved in a mainstreamed child care program.
2. Ask the person to tell you about the benefits and problems associated with mainstreaming based upon his or her experiences.
3. Summarize your discussion by answering the questions below.

KEY QUESTIONS

According to the person you interviewed, what are the greatest benefits of mainstreaming?

According to the person you interviewed, what problems are associated with mainstreaming?

How might these problems or disadvantages associated with mainsteaming be overcome?

Student's Name:_____ Date: _____

Course: _____

LAB EXPERIENCE 3

LEARNING OBJECTIVE

Analyze behaviors which reflect positive attitudes in caregivers who are involved in mainstreaming.

DIRECTIONS

1. Study the list of positive attitudes below. Beside each, list observable behaviors which could illustrate that attitude.
2. Arrange to observe one or two child caregivers in a mainstreamed program.
3. Take note of the behaviors which reflect positive attitudes. Write your observations on the form provided on the following page. You may list the same attitudes as those shown below or other attitudes which you think are important for mainstreaming.
4. Answer the questions following the observation form.

POSITIVE ATTITUDES FOR MAINSTREAMING

Attitude	Illustrative behaviors
The caregiver is sensitive to the needs of the special child.	
The caregiver has a positive self-concept.	
The caregiver is willing to try new things.	
The caregiver has the desire and ability to cooperate with others.	

OBSERVATION RECORD

Attitude Observed	Illustrative Behaviors

KEY QUESTIONS

Why are positive attitudes so important in mainstreaming?

Which attitude(s) do you think (is/are) the most critical? Why?

Student's Name:_____ Date: _____
Course: _____

LAB EXPERIENCE 4

LEARNING OBJECTIVE

Analyze concerns which caregivers have about mainstreaming special needs children.

DIRECTIONS

1. Arrange to interview two child caregivers about mainstreaming special needs children. Select one caregiver who is not experienced in mainstreaming and one who is experienced in mainstreaming.
2. Ask each caregiver to discuss concerns he or she may have about mainstreaming special needs children in the regular child care group.
3. Record the caregivers' responses in the boxes below.
4. Answer the key questions.

Concerns About Mainstreaming	
Inexperienced Caregiver	Experienced Caregiver

KEY QUESTIONS

How did the caregivers' concerns differ? Why do you think they differed?

What concerns did both caregivers share? Why do you think this is so?

SELF-EVALUATION FOR LABORATORY EXPERIENCES

Name of Student: _____ Date: _____

Course Instructor: _____ Course: _____

Lab Experience: _____

Briefly describe the events of your experience.

Answer the following questions.	Yes	No	N/A
1. Did I read the unit overview and assigned readings?	☐	☐	☐
2. Did I read the lab experience carefully before beginning?	☐	☐	☐
3. Did I follow the directions?	☐	☐	☐
4. Did I arrive on time as planned?	☐	☐	☐
5. Were my materials or equipment ready?	☐	☐	☐
6. Did I know the assignment well enough to carry it out without referring to notes?	☐	☐	☐
7. Did I introduce myself to the caregiver and children?	☐	☐	☐
8. Did I achieve the learning objective for the lab experience?	☐	☐	☐
9. Were my personal goals for the experience achieved?	☐	☐	☐

Describe what you feel you accomplished as a result of this experience.

How could you improve your performance?

PARTICIPATION EVALUATION

Name of Student Observed: _____ Date: _____

Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Poor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction to the experience	☐	☐	☐	☐	☐
Carrying out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

Performance Objectives

The Caregiver's Role in Screening and Assessment Unit II

Screening

- Explain the importance of screening to identify children who may have special needs.
- Assess your knowledge of normal child growth and development.
- Explain the importance of conducting systematic observations of each child's development.
- Use a variety of observation techniques to gather objective data about a child's development.
- Discuss ethical considerations in observing children.
- Become familiar with various screening instruments or programs.

Assessment

- Define the role of the caregiver in the assessment process focusing on what caregivers *do not* do.
- Identify agencies in the community to which referrals can be made should a child appear to need an assessment.
- Discuss the advantages and disadvantages of categorizing children with special needs (i.e., labeling).

An Overview

Caregivers play an important role in the identification as well as the care of special needs children. Their familiarity with patterns of normal growth and development enable caregivers to spot children who might be in need of help. Caregivers may be involved in screening or systematic efforts to identify children in need of further assessment. The screening program of a child care facility might include informal observations, developmental check lists, and a formal screening instrument. Once identified as having possible special needs, children are referred to professionals who assess children's actual strengths and needs. The caregiver's role in screening and assessment is briefly reviewed below. For more information, study the references listed at the end of the overview.

Screening

Screening might be defined as a systematic effort to identify children who need to be referred for assessment of possible special needs. The sooner children are referred the better. Early referral means that the child will begin receiving help before a handicap worsens or leads to other difficulties. For example, if early hearing loss goes undetected, the child will begin to suffer difficulty in language and possibly social development, as well as hearing.

Screening and assessment are important parts of some federal laws, such as P.L. 94-142. States are required to find children who could benefit from services for the handicapped. Hence, many states have established "child find" or screening programs through local education and social service agencies. However, such programs do not ensure that all children with special needs will be identified.

Child care providers are in a unique position to take responsibility for screening all children enrolled in their programs. Such screening efforts should be one of the stated goals of the program. A well-planned screening program involves the careful observation of children by their caregivers, the regular use of informal developmental check lists, and the use of a standard or more formal screening instrument at periodic intervals. And, of course, parents should be informed and involved throughout the process. Four aspects of the screening process are discussed below.

Knowledge of Child Growth and Development. Through experience and training caregivers gradually gain an understanding of the normal patterns of child growth and development. Caregivers need to know the sequence and approximate age levels for the development of

- psychomotor skills
- language skills
- social skills
- cognitive skills

Thus caregivers become alert to the child who displays an unusual delay or difficulty with any aspect of development. It should be remembered, however, that children develop at different rates and the range of "normal" development is broad. Only when the child appears significantly delayed or shows other signs of difficulty is concern warranted.

Observation of Children. Observation skills are among the most useful caregiving skills. Observation involves more than simply watching children at play. Good observations are characterized by their objectivity. This means that the focus is on actual behaviors of the children. Consider the following observations of the same child:

Observation 1. Maria sure has a temper! She always wants to have her way.

Observation 2. Maria took a block from Jeff's pile. Jeff said, "I'm going to use that!" Maria said, "It's my turn now." Jeff grabs the block back. Maria knocks down Jeff's block structure.

The first observation is subjective, that is, based on what the observer thought about Maria's behaviors. The second observation is a recording of the actual events, avoiding interpretation. It is important when observing young children to record facts and interpretations separately. In this way, the events can be studied by more than one person. The interpretation, therefore, is likely to be more valid.

Several techniques are used by caregivers for recording their observations of young children. These include:

- anecdotal record
- running record
- time sampling
- events sampling
- developmental check lists

The *anecdotal record* is a recording of a single event or episode in the child's day. For example, a caregiver might write down what a child said and did during snack.

A *running record* is a continuous recording of a child's behavior during a longer time period. For example, a caregiver might observe a child's activities during the hour that the children are

involved in self-selected learning centers. During that hour the caregiver keeps a running record of everything that the child does.

Time sampling is another technique which involves assessing the child's behavior at certain points in time. For example, a caregiver might be interested in identifying a child's range of social interactions. Using a chart with the categories of social interactions listed, the caregiver makes a check every five minutes as to the type of social interaction observed. The child is observed for one minute at five-minute intervals. Then a check is placed on the chart which describes the type of behavior observed.

Events sampling involves recording how often a behavior occurs during a prescribed time period. The time period may be five minutes, an hour, or a day, depending on the observer's purpose. For example, before designing a behavior modification program, a caregiver observes how often the desired behavior occurs (called a base line or frequency count). The caregiver makes a tally mark on the record sheet every time that behavior occurs during a certain time period.

Developmental check lists are another form of recording children's behaviors. A developmental check list provides columns for checking whether a child exhibits a certain behavior or not. The list of skills or behaviors to observe may focus on one or more aspects of development such as language or motor development. Developmental check lists are usually sequenced and give approximate ages for when certain behavior can be expected.

All of these observation techniques are useful in screening young children for potential handicaps. Using several techniques to record children's behaviors is an additional assurance that children's development is carefully and accurately monitored. Observations are also useful in planning to meet the individual needs of the children and in evaluating their progress.

A Note About Ethics. Information about a child's development is privileged information. This is the most important ethical consideration concerning a child's developmental record. It means that caregivers do not discuss or share information about a child with another person unless they have the permission of parents and others involved to do so. Of course, it is acceptable to share concerns with a director or supervisor about the child's progress.

Another rule of ethics is to never discuss a child's development in front of the child or other children. To do so is not only unethical, but it can be damaging to the child's self-esteem.

Care should also be taken to see that records are safely handled and stored. Leaving such materials out in the open only invites curious glances.

Screening Instruments. A variety of commercially produced screening instruments are available for use as a more formal

screening technique. Selecting the right screening instrument involves consideration of the following factors:

- Type of population to be screened
- Expense involved
- Time involved
- Degree of training required before caregivers can administer the instrument
- Ease with which the instrument can be administered
- Comprehensiveness of the instrument
- Number of persons needed to do the screening

A comprehensive screening instrument will cover all major areas of development. This includes motor development, speech and language development, cognitive development, social development, and the development of self-help skills. Other screening instruments or procedures should also be included in the screening program to check general health, vision, and hearing. Professionals often can be retained to conduct screening programs in these areas.

Screening is designed to find children who may be in need of special help. Several approaches should be taken to ensure that all special needs children enrolled in a child care program are identified. Regular observations by caregivers and the periodic use of more formal screening instruments are important. Parents must be informed thoroughly about the screening program and participate whenever possible. Finally, it should be remembered that the results of a screening program do not constitute a diagnosis or give the child a label of any kind. The results of a screening may lead to an assessment. The assessment of a child's actual handicap or difficulty is left to professionals other than child caregivers.

Assessment

Following the screening program, a child who appears to have a special need is referred to trained professionals for assessment. The assessment process results in a diagnosis which gives a clear picture of the child's strengths and weaknesses. When diagnosed, a child is sometimes identified as having a certain category of handicap or special need. Such "labeling" has its advantages and disadvantages. The following discussion focuses on issues related to the caregiver's role in referrals and assessments.

Making Referrals. The first step in the referral process is to involve the parents. If parents have been actively involved in the total screening program, it will be much easier to approach them about their own child's possible special need(s).

A meeting between parents, caregiver, and possibly the center director is scheduled. At this meeting the results of screening activities are reviewed. Parents should be given concrete and clear reasons why the caregiver feels that the child needs further assessment. Observation records, check lists, and screening

instrument results should be shared with the parents. Care should be taken to avoid making any assumptions about the child's needs. Caregivers do not diagnose or tell parents that "something is wrong" with their child. Rather caregivers explain that there is a need for further assessment to determine if the child may have some special needs. The effects of some special needs can be minimized if identified early.

At this meeting with the parents the caregiver or director should be ready to give the parents information about where they might go for further assessment. For this reason, someone at the child care center (usually the director) should keep an up-to-date list of all agencies and individuals in the community who offer services to parents and children with special needs. The caregiver or director may offer to make all the arrangements for the parents. Some agencies may require the child care program to complete a referral form.

Once a referral has been made, it is important to have the parents sign a *release form* which gives the child care program permission to share information about the child's development with other professionals. The release form should specify what agency or individual may receive information about the child and what type of information can be released.

Assessment Process. The assessment process involves a detailed evaluation of a child's growth and development. The purpose of an assessment is to determine the child's areas of strength and weakness. An assessment will confirm or deny that a child is in need of special help or intervention. Assessments also provide the basis for developing individualized care and education plans when special needs are identified.

Federal laws such as PL 94-142 allows some special needs to be assessed at public expense. PL 94-142 requires states to offer special education services to children beginning at age three. Hence, the public school system is often able to conduct an assessment, even for a preschool child.

Several professionals may be involved in the assessment depending on the child's needs. A pediatrician may conduct a thorough physical examination. A diagnostician at the public school may give the child several tests to evaluate the child's learning skills and style. A child psychiatrist may evaluate a child's overall personality development, using a number of instruments. Together these professionals determine a child's needs in all areas of development and make recommendations regarding intervention.

Child caregivers may play a role in the assessment process. Since a child's caregiver is familiar with the child's behavior in a natural setting, the caregiver may be asked to provide observations that have been collected. Such observations are valuable in the assessment process because they can be used to support the findings of other assessment instruments.

Categorizing Special Needs. As a result of assessment the child may be diagnosed as belonging to a certain category of handicapping condition or special need. This is sometimes called "labeling." Labeling a child by means of an identified special need is thought to be useful in some ways and harmful in other ways.

One advantage of categorizing is that it permits a child to receive services for the handicapped. Federal and state laws often designate which categories of special need are eligible for benefits. Categorizing children by special need also provides a means for communication among professionals involved. A child caregiver, when first alerted to the category of a child's special need, has a place to begin in gathering information about how that special need affects the child.

Categorizing or labeling, however, has numerous drawbacks. Such labels invite over-simplification and assumptions which may not in fact be true. Labels such as "mentally retarded" and "emotionally disturbed" often carry negative connotations in this society. This is true to such an extent that children are often related to on the basis of their label instead of their own unique needs. Children may even come to act and feel like the label given them even when the label is actually incorrect. Many of the arguments against labeling can be viewed as arguments against mislabeling.

Caregivers should be warned not to put too much value on the categorical label given to a child. Instead, caregivers should focus on the unique needs of each child. After all, even children with the same "label" will act differently from each other and have different needs.

Summary

Child caregivers play an important role in screening young children for special needs. Every child care center should have a systematic program through which every child in the center is regularly evaluated in all areas of growth and development. Caregivers need to develop good observation skills which will allow them to collect objective information about the children in their care. When children are suspected as having a possible special need, they are referred to other professionals who conduct formal assessments. Through these assessments a child's actual strengths and needs can be identified and plans made to meet the child's unique needs.

REFERENCES

Allen, K. Eileen. *Mainstreaming in Early Childhood Education.*

Karnes, Merle B. and Lee, Richard C. *Early Childhood: What Research and Experience Says to the Teacher of Exceptional Children.*

Lilly, Stephen M. (ed.). *Children with Exceptional Needs.*

Student's Name: _____ Date: _____

Course: _____

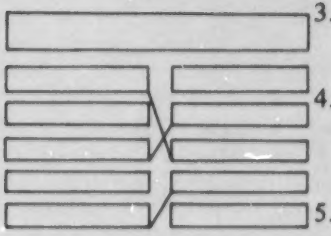
LAB EXPERIENCE 5

LEARNING OBJECTIVE

Assess your knowledge of normal infant growth and development.

DIRECTIONS

1. Arrange to observe an infant between 9 and 12 months of age.
2. Before you observe, list the behaviors you expect to see in a child of this age. List them in the chart below under "Expected Behaviors." The chart continues on the following two pages. List five expected behaviors for each of the five areas of development identified. Base the expected behaviors on your present knowledge of child growth and development without referring to references. [Examples of behaviors you might observe: names objects, drops objects into a container, crawls well.]
3. Observe the child during a play period. In the column "Observed Behaviors," list five behaviors you observed for each area of development.
4. Compare your list of expected behaviors to your list of observed behaviors. Draw a line to connect behaviors that you both expected to see and actually saw. The illustration to the left shows how part of the chart might look.
5. Answer the key questions which follow the chart.



Language and Speech Development		
EXPECTED BEHAVIORS	AGE: _____	OBSERVED BEHAVIORS
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.

Fine and Gross Motor Development	
EXPECTED BEHAVIORS	**OBSERVED BEHAVIORS**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Cognitive Development	
EXPECTED BEHAVIORS	**OBSERVED BEHAVIORS**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Social and Emotional Development	
EXPECTED BEHAVIORS	**OBSERVED BEHAVIORS**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Self-Help Skills	
EXPECTED BEHAVIORS	**OBSERVED BEHAVIORS**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

KEY QUESTIONS

How closely did the expected behaviors match the observed behaviors in eacn area of development for this age child? Explain below.

Language and Speech Development:

Fine and Gross Motor Development:

Cognitive Development:

Social and Emotional Development:

Self-Help Skills:

Do you feel that your knowledge of child growth and development for children of this age is poor, adequate, or excellent? Why?

What might you do to improve your knowledge of normal child growth and development for children of this age?

Student's Name: _____ Date: _____

Course: _____

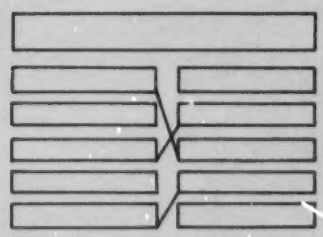
LAB EXPERIENCE 6

LEARNING OBJECTIVE

Assess your knowledge of normal toddler growth and development.

DIRECTIONS

1. Arrange to observe a toddler between 20 and 24 months of age.
2. Before you observe, list the behaviors you expect to see in a child of this age. List them in the chart below under "Expected Behaviors." The chart continues on the following two pages. List five expected behaviors for each of the five areas of development identified. Base the expected behaviors on your present knowledge of child growth and development without referring to references. [Examples of behaviors you might observe: scribbles with a crayon, uses ownership words such as "mine," assembles a simple three-piece puzzle.]
3. Observe the child during a play period. In the column "Observed Behaviors," list five behaviors for each area of development that you did observe.
4. Compare your list of expected behaviors to your list of observed behaviors. Draw a line to connect behaviors that you both expected to see and actually saw. The illustration to the left shows how part of the chart might look.
5. Answer the key questions which follow the chart.



Language and Speech Development		
EXPECTED BEHAVIORS	AGE:_____	OBSERVED BEHAVIORS
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.

Fine and Gross Motor Development	
EXPECTED BEHAVIORS	**OBSERVED BEHAVIORS**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Cognitive Development	
EXPECTED BEHAVIORS	**OBSERVED BEHAVIORS**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Social and Emotional Development	
EXPECTED BEHAVIORS	**OBSERVED BEHAVIORS**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Self-Help Skills	
EXPECTED BEHAVIORS	**OBSERVED BEHAVIORS**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

KEY QUESTIONS

How closely did the expected behaviors match the observed behaviors in each area of development for this age child? Explain below.

Language and Speech Development:

Fine and Gross Motor Development:

Cognitive Development:

Social and Emotional Development:

Self-Help Skills:

Do you feel that your knowledge of child growth and development for children of this age is poor, adequate, or excellent? Why?

What might you do to improve your knowledge of normal child growth and development for children of this age?

Student's Name: _____ Date: _____

Course: _____

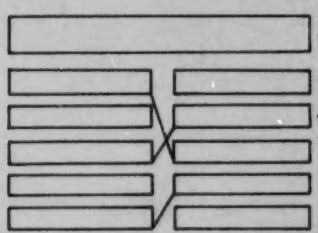
LAB EXPERIENCE 7

LEARNING OBJECTIVE

Assess your knowledge of normal preschool child growth and development.

DIRECTIONS

1. Arrange to observe a preschool child between four and five years of age.
2. Before you observe, list the behaviors you expect to see in a child of this age. List them in the chart below under "Expected Behaviors." The chart continues on the following two pages. List five expected behaviors for each of the five areas of development identified. Base the expected behaviors on your present knowledge of child growth and development without referring to references. [Examples of behaviors you might observe: catches a large ball, dresses and undresses self, uses scissors.]
3. Observe the child during a play period. In the column "Observed Behaviors," list five behaviors for each area of development that you did observe.
4. Compare your list of expected behaviors to your list of observed behaviors. Draw a line to connect behaviors that you both expected to see and actually saw. The illustration to the left shows how part of the chart might look.
5. Answer the key questions which follow the chart.



Language and Speech Development		
EXPECTED BEHAVIORS	AGE:_____	OBSERVED BEHAVIORS
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.

Fine and Gross Motor Development	
EXPECTED BEHAVIORS	**OBSERVED BEHAVIORS**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Cognitive Development	
EXPECTED BEHAVIORS	**OBSERVED BEHAVIORS**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Social and Emotional Development	
EXPECTED BEHAVIORS	**OBSERVED BEHAVIORS**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Self-Help Skills	
EXPECTED BEHAVIORS	**OBSERVED BEHAVIORS**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

KEY QUESTIONS

How closely did the expected behaviors match the observed behaviors in each area of development for this age child? Explain below.

Language and Speech Development:

Fine and Gross Motor Development:

Cognitive Development:

Social and Emotional Development:

Self-Help Skills:

Do you feel that your knowledge of child growth and development for children of this age is poor, adequate, or excellent? Why?

What might you do to improve your knowledge of normal child growth and development for children of this age?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 8

LEARNING OBJECTIVE

Apply observation skills using the running record recording technique.

DIRECTIONS

1. Find a classmate to work with you as a partner for this lab.
2. Arrange for you and your partner to observe the same child at a child care center or the lab school at the same time.
3. Be sure that each of you has a copy of the observation form which follows this page.
4. Complete the information on the top of the observation form.
5. Use the running record format in which everything the child does and says is recorded. Observe for about 30 minutes.
6. After the observation, take a few minutes to record your interpretations or the meaning of the actions you observed in the child.
7. Read the observations of your partner.
8. Answer the questions below.

KEY QUESTIONS

What might you generalize regarding this child's development in the areas of motor development, language development, cognitive development, social and emotional development, and self-help skills? Write a brief summary statement for those areas of development you were able to observe.

How did your observations compare to your partner's? Did you see the same things? Did you make similar interpretations? Explain.

Why is it important to separate facts from interpretations?

OBSERVATION: RUNNING RECORD

Child's Name: (omit name for confidentiality) Date: _____

Time of Observation: From _____ to _____ Age of the Child: _____

Name of Observer: _____

Setting: _____

FACTS	INTERPRETATIONS

OBSERVATION: RUNNING RECORD (CONT.)

Child's Name: (omit for confidentiality) Date:

FACTS	INTERPRETATIONS

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 9

LEARNING OBJECTIVE

Apply observation skills using the anecdotal recording technique.

DIRECTIONS

1. Arrange to observe the same child during snack for three consecutive days.
2. Use the forms which follow to record what the child says and does during snack each day. Complete the information on the top of each form.
3. After each observation take a few minutes to record your interpretations or the meaning of the actions you observed in the child.
4. Answer the questions below.

KEY QUESTIONS

What might you generalize regarding this child's development in the areas of language development, social development, and self-help skills? Write a brief summary.

Did your impressions of the child change each day you observed? Why?

What is the value of the anecdotal recording technique? To what other situations might it be applied?

OBSERVATION: ANECDOTAL RECORD

Child's Name: (omit name for confidentiality) _____ Date: _____

Time of Observation: From _____ to _____ Age of the Child: _____

Name of Observer: _____

Setting or Routine Observed: _____

FACTS	INTERPRETATIONS

OBSERVATION: ANECDOTAL RECORD

Child's Name: (omit name for confidentiality) _____ Date: _____

Time of Observation: From _____ to _____ Age of the Child: _____

Name of Observer: _____

Setting or Routine Observed: _____

FACTS	INTERPRETATIONS

OBSERVATION: ANECDOTAL RECORD

Child's Name: (omit name for confidentiality) Date: _____

Time of Observation: From _____ to _____ Age of the Child: _____

Name of Observer: _____

Setting or Routine Observed: _____

FACTS	INTERPRETATIONS

57

Student's Name:_____ Date: _____
Course: _____

LAB EXPERIENCE 10

LEARNING OBJECTIVE

Apply observation skills using the time sampling recording technique.

DIRECTIONS

1. Arrange to observe a child in a preschool group setting during a self-selected learning centers time.
2. Before you observe, study the categories of social interactions in the chart below. These classic categories are based upon the research of Mildred Parten (1932).
3. Using the form on the following page, identify the types of social interactions observed in the child. Observe the child for one minute at five minute intervals. Check the column on the chart which best describes the child's social interactions during that minute. Plan to observe at least 45 minutes.
4. Answer the questions on the page following the observation form.

INFORMATION CHART

Categories of Social Interaction

Unoccupied	The child is not playing with anyone or anything. His attention wanders to those things of momentary interest.
Solitary	The child plays alone with materials different from nearby children. She does not attempt to interact with other children.
Onlooker	The child is observing the play of specific children. He may make suggestions but does not enter the play.
Parallel	The child plays alongside other children using similar materials but does not attempt to become involved in the play of nearby children.
Associative	The child's play involves other children. Children are using similar materials and share conversation about their activity.
Cooperative	The child is involved in play activities which are organized by children. The children share common play purposes and work together to meet their goals. Children play different roles and support each other.
Adult Directed	The child's attention and activity is directed toward an adult instead of other children. (This category is not one identified by Parten.)

OBSERVATION: TIME SAMPLING RECORD

Child's Name: (omit name for confidentiality) Date:

Time of Observation: From to Child's Age:

Time Period Observed: Observed for 1 minute(s) every 5 minutes

Developmental Area Focus: Social Interactions

Categories of Behavior:
Social Interactions

Time Period	Unoccupied	Solitary	Onlooker	Parallel	Associative	Cooperative	Adult Directed
First Minute							
At 5 minutes							
At 10 minutes							
At 15 minutes							
At 20 minutes							
At 25 minutes							
At 30 minutes							
At 35 minutes							
At 40 minutes							
At 45 minutes							
At 50 minutes							
At 55 minutes							
At 60 minutes							

KEY QUESTIONS

In which type of social interaction does this child most engage?

Do you think this is typical social behavior for a child of this age? Why?

What is your evaluation of this type of observation recording technique? What, if any, difficulties did you experience?

How could you use this technique to assist you in helping a handicapped child gain social interaction skills?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 11

LEARNING OBJECTIVE

Apply observation skills using the events sampling recording technique.

DIRECTIONS

1. Arrange to observe a four- or five-year-old child in a self-selected learning centers time. Plan to observe for an hour.
2. Study the information about prosocial and aggressive behaviors in the chart below. Be prepared to identify these types of behavior as you observe.
3. Use the events sampling recording technique to determine the number of prosocial and aggressive acts exhibited by the child. For the first 30 minutes observe the child for prosocial behaviors only. For each act or event of prosocial behavior make one tally mark on the form which follows this page. For the last 30 minutes observe for aggressive behaviors only. Make one tally mark on the second form for each aggressive act or event.
4. Count the total number of prosocial and aggressive acts observed and enter this information on the form. Add any comments.
5. Answer the questions which follow the observation record.

INFORMATION CHART

Prosocial and Aggressive Behaviors

Prosocial Behavior: Behavior which benefits others.

EXAMPLES:
A child gives materials to another child.
A child offers or gives help to another.
A child defends or rescues another child.
A child shares information.
A child offers comfort to a distressed child.

Aggressive Behavior: Behavior which harms another person or property.

EXAMPLES:
A child hits another child.
A child verbally belittles another child.
A child destroys a toy.
A child takes materials from a child who is not willing to share.

OBSERVATION: EVENTS SAMPLING RECORD

Child's Name: (omit child's name for confidentiality) Date: _____

Time of Observation: From _____ to _____ Age of the Child: _____

Name of the Observer: _____

Setting: _____

Event or Behavior to be Counted: Acts of prosocial behavior

Tally:

Total Number of Events: _____

Comments:

OBSERVATION: EVENTS SAMPLING RECORD

Child's Name: (omit child's name for confidentiality) Date: _____

Time of Observation: From _____ to _____ Age of the Child: _____

Name of Observer: _____

Setting: _____

Event or Behavior to Be Counted: Acts of aggressive behavior

Tally:

Total Number of Events: _____

Comments:

KEY QUESTIONS

In general what can you say about the child's social development based upon this observation?

What is your evaluation of this recording technique? What difficulties, if any, did you experience?

What are the advantages and disadvantages of this recording technique?

How can this recording technique be used in the mainstreamed classroom?

Student's Name:_____ Date: _____

Course: _____

LAB EXPERIENCE 12

LEARNING OBJECTIVE

Apply observation skills using the developmental check list recording technique.

DIRECTIONS

1. Arrange to observe an infant under 18 months of age. Plan to observe for about an hour during a time when the child is likely to be awake.
2. Use the developmental check list on the following page as you observe the child in the area of motor development.
3. Answer the questions below.

KEY QUESTIONS

In general what can you say about the child's motor development based upon this observation?

What are the advantages and disadvantages of this recording technique?

How often should a caregiver use a developmental check list? Why?

How can a developmental check list be used to help a caregiver make individualized learning plans for each child?

OBSERVATION: DEVELOPMENTAL CHECK LIST

Child's Name: (omit child's name for confidentiality) _____ Date: _____

Time of Observation: From _____ to _____ Age of Child: _____

Name of Observer: _____

Setting: _____

Area of Development: Motor development in infants

	Observed	Not Observed	Notes
From Birth to About 6 Months			
Lifts head when on stomach			
Holds head up when held			
Eyes follow a moving object			
Turns head in direction of a sound			
Lifts chin when on stomach			
Lifts chest when on stomach			
Looks at faces			
Reaches for objects			
Swipes and misses objects			
Sits with support for a short time			
Twists and turns body when on stomach			
Rolls over			
Grasps objects			
Sucks objects held in hands			
From 6 Months to About 12 Months			
Manipulates objects with hands			
Exchanges objects between hands			
Sits alone			
Uses thumb and forefinger to pick up			
Moves body in some way from place to place			
Creeps on hands and knees			
Stands with support			
Drops objects deliberately			
Bangs two toys together			
Pulls self to stand			
Lowers self from standing to sitting			
Explores objects with forefinger			
From 12 Months to About 18 Months			
Walks while holding onto something			
Stands alone			
Shows hand preference			
Drinks from cup, spills some			
Claps hands			
Takes a few steps alone			
Climbs on stairs and other things			
Uses one hand for one task and the other hand for another at the same time			
Walks			
Seats self in small chair			
Turns several pages together in book			
Throws ball			

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 13

LEARNING OBJECTIVE

Participate in the administration of a screening instrument.

DIRECTIONS

1. Arrange to participate in the administration of a screening instrument. You might be able to administer an instrument yourself to a child or you might administer part of an instrument as a screening team member.
2. Study the procedures for giving the instrument. Practice giving the instrument before you actually give it to a child.
3. Attach a copy of the screening form to this lab experience for evaluation. Be sure to omit the child's name for confidentiality.
4. Answer the questions below.

KEY QUESTIONS

What kind of screening instrument did you use? What areas of development did it cover?

What kind of procedures did you follow when giving the instrument?

What difficulties, if any, did you have in giving the instrument?

What will you do differently next time you give this instrument?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 14

LEARNING OBJECTIVE

Investigate a community agency which provides direct care services to handicapped children and their parents.

DIRECTIONS

1. Arrange to visit a community agency which provides direct care services to handicapped children and their parents. Remember to call and make an appointment with the appropriate person. This person should have time to talk with you and show you around.
2. Prepare a list of questions which will help you answer the questions below.
3. Answer the key questions.

KEY QUESTIONS

What is the name of the agency?

What is the history of this agency? Give a brief description.

What are the stated purposes and goals of the agency?

What populations does the agency serve?

What services does the agency offer?

Under what conditions might a caregiver refer a child and the parents to this agency?

SELF-EVALUATION FOR LABORATORY EXPERIENCES

Name of Student: _____ Date: _____

Course Instructor: _____ Course: _____

Lab Experience: _____

Briefly describe the events of your experience.

Answer the following questions.	Yes	No	N/A
1. Did I read the unit overview and assigned readings?	☐	☐	☐
2. Did I read the lab experience carefully before beginning?	☐	☐	☐
3. Did I follow the directions?	☐	☐	☐
4. Did I arrive on time as planned?	☐	☐	☐
5. Were my materials or equipment ready?	☐	☐	☐
6. Did I know the assignment well enough to carry it out without referring to notes?	☐	☐	☐
7. Did I introduce myself to the caregiver and children?	☐	☐	☐
8. Did I achieve the learning objective for the lab experience?	☐	☐	☐
9. Were my personal goals for the experience achieved?	☐	☐	☐

Describe what you feel you accomplished as a result of this experience.

How could you improve your performance?

PARTICIPATION EVALUATION

Name of Student Observed: _____ Date: _____
Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Poor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction to the experience	☐	☐	☐	☐	☐
Carrying out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

Performance Objectives

Understanding Special Needs
Unit III

Hereditary and Evironmental Factors

- Explore the role of hereditary and environmental factors which contribute to special needs in children.

The Nature of Special Needs

- Analyze the nature of mental retardation in young children.
- Analyze the nature of learning disabilities in young children.
- Analyze the nature of sensory handicapping conditions in young children.
- Analyze the nature of physically handicapping conditions in young children.
- Analyze the nature of communication handicapping conditions in young children.
- Analyze the nature of behavioral handicapping conditions in young children.
- Analyze the nature of giftedness in young children.

An Overview

In order to successfully mainstream children with special needs, caregivers need to understand the causes and nature of various handicapping conditions. For the purpose of organization, the various conditions described below are grouped into broad categories. It must be remembered, however, that each child has unique needs. Children can only be described by these categories in very general terms. Study the references at the end of the overview for more detailed information.

Hereditary and Environmental Factors

Both hereditary and environmental factors contribute to the creation of children with special needs. *Hereditary factors* refer to the genetic history and make-up of the individual. *Environmental factors* refer to those things which affect the fetus after conception or the child after birth. Often the exact cause of a child's handicap is unknown. Many factors, both hereditary and environmental, may contribute.

However, more and more has been learned about factors which may have a relationship to the development of a child with special needs. Great strides have been made in preventing many handicaps. For example the widespread use of the polio vaccine has nearly eliminated polio in this country. The once complex Rh blood factor which causes antibodies in the Rh- mother to attack the cells of the Rh+ fetus can now be controlled through special treatment. A number of drugs have been clearly linked to birth defects and can now be avoided by all pregnant women. Genetic counseling for couples with a family history of genetic disorders helps couples make decisions about having children.

Though much is known, many people are unaware of the dangers which may affect the health of children. Child caregivers are often able to provide helpful information. The purpose of the following description of hereditary and environmental causes of handicaps is to provide information which caregivers may pass along to others. Such knowledge is for the purpose of prevention, not blame. Few would choose to conceive a handicapped child. Caregivers must eliminate any notion of blame when working with parents of special needs children.

Hereditary Factors. During conception two special germ cells, the ovum and the sperm, come together to form the first cell of a new human being. These germ cells are different from other cells in the body because they have only half the number of chromosomes of other cells. *Chromosomes* are thread-like particles which carry genes. *Genes* in turn carry information about the traits that the new individual is to have. When the sperm and egg join, the chromosomes combine. Some traits from the mother and some traits from the father are passed along to create a unique human being.

Sometimes things go wrong during one of these processes. For example, one of the chromosomes may be defective or carry a trait which will result in a handicap. The germ cell may carry an extra chromosome or be missing one of the chromosomes that determine a child's sex, which results in abnormal development. Why these problems occur is not clearly known. However, some factors seem to be associated with genetic defects. These include:

- exposure to radiation
- the age of the mother (especially past 35 years of age)
- a prior family history of genetic defects
- exposure to toxic chemicals (such as lead and vinyl chloride)
- belonging to one of the affected racial groups who carry genetic disorders

Some handicapping conditions associated with hereditary or genetic factors include:

- Down syndrome
- phenylketonuria (PKU)
- diabetes
- sickle-cell anemia
- galactosemia
- cystic fibrosis

Environmental Factors. Most handicapping conditions are caused by environmental factors and are often preventable. Once conception has taken place, the growing fetus is susceptible to what the mother consumes and to diseases which may be contracted by the mother. During and after birth other environmental factors can lead to the development of special needs in children.

What the mother consumes, foods as well as substances such as drugs, alcohol, and tobacco, affect the development of the fetus. Mothers who eat well-balanced diets, avoid taking drugs of any kind, and abstain from drinking alcohol and smoking tobacco have a better chance of producing a healthy baby than those who do not. Research has identified a number of drugs which definitely cause birth defects. These drugs include thalidomide (a sedative), tetracycline (an antibiotic), and diphenylhydantoin (used by some persons with epilepsy). Excessive alcohol consumption has also been identified as a cause of profound brain damage. The condition first identified in the off-

spring of alcoholic mothers is known as fetal alcohol syndrome. Tobacco smoking likewise, has been associate with low birth weight and deficiencies in several areas of development. Diseases, such as rubella in a pregnant woman, can have disasterous effects on the fetus. But the chances of catching rubella can be greatly reduced if prior to conception, women are immunized against rubella. Young children can also be immunized against this disease to protect themselves as well as others. Other diseases which cause complications for the fetus include syphilis, toxoplasmosis, and cytomegalic inclusion disease. The best way to prevent the damage caused by these diseases is for the pregnant woman to avoid exposure to them.

Different environmental factors affect the baby as a result of the birth process. Babies who are born prematurely risk hyaline membrane disease which results in a loss of oxygen to the brain and subsequent brain damage. Complications may also arise if labor is prolonged, if the supply of oxygen through the umbilical cord is cut off, or if forceps are used because of a difficult delivery. The drugs used to relieve pain during labor may also have adverse effects on the baby.

After birth, other environmental factors can create special needs in children. These factors include:

- illness
- poor nutrition
- accidents
- child abuse

For example, repeated middle ear infections, if untreated, can cause hearing loss and result in the delay of language development. Poor nutrition, especially an inadequate intake of protein, can cause permanent brain damage. Accidents involving automobiles, poisonous substances, and unsafe surroundings, are among the leading causes of disabilities in children. Child abuse is another factor which can lead to physical as well as emotional handicaps.

Every day researchers are learning more and more about hereditary and environmental factors which contribute to special needs in children. Keeping informed of these advances is an important part of a child caregiver's job. Such knowledge can be shared with others. Many handicaps can be prevented if all those concerned about the development of healthy children practice measures to prevent handicaps.

The Nature of Special Needs

Seven broad categories of special needs are described below. Mental retardation includes conditions which impair a child's mental functioning. Learning disabilities result in reasoning and perceptual problems. Sensory handicapping conditions include hearing and vision impairments. The physically handicapping conditions include orthopedic handicaps and health impairments. Handicapping conditions associated with language primarily include those conditions related to speech impairments

and language disorders. Behavioral handicaps include various forms of social and emotional maladjustment. Giftedness refers to children with a greater than average capacity to learn, reason, and create. Often this category is called "gifted and talented."

This way of organizing the categories of handicapping conditions is only one way that the materials can be presented. Special needs children may have needs in more than one area. For example, children with hearing impairments also have language problems. When diagnosed, children with special needs are classified on the basis of the greatest need.

Mental Retardation. Mental retardation has to do with a person's mental functioning. The American Association on Mental Deficiency (AAMD) states that the term *mental retardation* refers to:

> ". . . significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and mainfested during the developmental period."

In other words, when classified as mentally retarded, a child has an IQ of 69 or less and at the same time exhibits problems in day-to-day functioning in the environment. These two conditions are recognizable during the years from birth to age 18. If each of these two conditions is present in a child, then mental retardation may be the diagnosis. Such a definition prevents children who have other mental handicaps from being misdiagnosed as mentally retarded.

Mental retardation is one of the most common handicapping conditions. It can be caused by several factors, both hereditary and environmental. For example, Down syndrome is the result of a chromosomal abnormality. Fetal alcohol syndrome is a form of mental retardation which results from excessive alcohol consumption during pregnancy. However, the exact cause of mental retardation in a child is often unknown.

Those children who are identified as mentally retarded are grouped into the following categories: mild, moderate, severe, and profound. Child caregivers in mainstreamed programs are most likely to care for children in the mildly or moderately retarded groups. These children may be slower than average in some areas of their development. They may learn to toilet, feed themselves, or talk several months later than most of their agemates. Mildly retarded children are capable of learning and many reach the sixth grade level in academics.

In the classroom, the mentally retarded child needs more time and repetition to learn new tasks. Tasks should be broken down and presented in a step-by-step manner. Techniques of behavior modification (rewarding appropriate behavior) have proven very effective with the mentally retarded child. Some goals for the care and education of children with mental retardation include:

- Expanding language skills
- Increasing attention span
- Learning self-help skills
- Mastering basic concepts

Learning Disabilities. Children with learning disabilities, like mentally retarded children, may also have problems in learning and social functioning. One commonly accepted definition of *learning disabilities* comes from Public Law 94-142:

> "'Specific learning disabilities means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, write, spell, or to do mathematical calculations."

Since learning disabilities become most apparent in the academic setting, learning disabled children may not be diagnosed until the elementary school years. However, some types of learning disabilities can be recognized in the preschool years.

Characteristics of learning disabilities in young children include:
- General awkwardness
- Hyperactivity
- Impulsiveness
- Perceptual problems
- Poor memory

Each of these characteristics in some way makes learning difficult for the child. For example, a child with perceptual problems may not be able to distinguish between certain letter symbols, such as "b" and "d." Hyperactivity in a child makes it difficult for the child to attend to tasks for any length of time.

Professionals have many theories about the exact causes of learning disabilities. Some specialists in the field refer to three areas of probable causes: organic, biochemical, and environmental. *Organic causes* refer to physical damage to the brain. The functions of a special area of the brain may be impaired if that part of the brain is damaged. *Biochemical causes* refer to vitamin or mineral deficiencies, allergies, and food additives. *Environmental causes* might include emotional or motivational problems. All three areas of cause are being explored by researchers. Not much has been conclusively proven so far.

Caregivers who work with learning disabled children must be aware of the exact nature of the individual child's needs. Some of the following strategies, however, are suggested for working with learning disabled children:
- Precision teaching
- Multisensory training
- Behavior modification

Each of these strategies will be explored more fully in units to come.

Sensory Handicapping Conditions. Visual and hearing impairments fall into the category of sensory handicaps. Loss or impaired use of one of these key senses greatly affects a child's life. However, most sensory impaired children are of normal intelligence and with appropriate support and education can lead fulfilling lives.

Children who are *visually impaired* are those children who, even after corrective measures have been taken, are unable to learn in the same way as their normally sighted peers. Two classes of visual handicaps are identified for reporting purposes. They are *partially sighted* and *blind.* Partially sighted children have a visual acuity which does not exceed 20/70 or have some limitation in the field of vision even after correction. Blind children have a central visual acuity which does exceed 20/200 or have a field of vision no greater than 20 degrees even after correction. Central visual activity is stated in terms of a ratio, such as 20/70. This means that an object that a normally sighted person can see 70 feet away, cannot be seen by a person with 20/70 vision until 20 feet away. A limited field of vision refers to "tunnel vision." It is important to remember that most children with visual impairments have some vision, even those who are considered legally blind.

Several causes of visual impairments have been identfied. However, most cases are caused by genetic and birth-related factors. For example, *retinoblastoma* is a genetic condition which results in a retinal tumor in early infancy and leads to blindness. Birth related causes include rubella, drugs, and radiation. One tragic cause of blindness, which is now controlled, occurred in premature babies who were given too much oxygen. Many causes of blindness, such as accidents and illness in early childhood, can be prevented by alert and informed parents and caregivers.

Developmentally, children who are blind from birth or early infancy tend to be somewhat slower in some areas. For example, lack of vision makes it more difficult to develop object permanence concepts as well as locomotor skills. Blind children may also develop mannerisms such as rocking, tongue clicking, or foot tapping. Such self-stimulation activities are thought to result from the lack of visual stimulation. Children who are partially sighted as well as children who are blind are unable to gather as much information from the environment as normally sighted children. For this reason, their experiences are limited and development of concepts about the world is slow.

Caregivers who work with visually impaired children can facilitate their development by:

- Organizing an environment in which it is easy to move around
- Helping the children develop their remaining senses to the fullest
- Translating things that others learn through vision into one of the other senses
- Encouraging children to make full use of any remaining vision

Other professionals can teach children skills such as mobility, braille reading, or the use of visual aids. Children with *hearing impairments* may be grouped according to the degree of hearing loss. Hearing loss is usually defined in terms of decibles. A *decible* is a unit of measurement for the loudness of sound. The normal range of hearing in humans is 1 to 130 decibles. Normal conversation is around 70 decibles.

Children with a hearing loss of less than 70 decibles are usually classified as *hard of hearing*. In other words, children who are hard of hearing will not be able to hear soft sounds such as a whisper (around 30 decibles). However, they will be able to hear some spoken language, possibly with the use of a hearing aid. Children whose hearing loss is greater than 70 decibles are classified as deaf. In other words, they are not easily able to hear spoken language but may be able to hear sounds such as thunder. These children require special training to master communication skills.

As with other handicapping conditions, the causes of hearing impairments vary. Three leading causes of hearing impairments include rubella, meningitis, and hereditary deafness. Each of these conditions result in *sensorineural hearing loss* in which the inner ear or nerves that carry sound are affected. Sounds heard are always distorted. Other causes of hearing impairments include middle ear infections, ruptured ear drum, or damage to the middle ear mechanisms. These types of conditions lead to *conductive hearing loss*. Sounds heard are softer but not distorted. In most individual cases the exact cause of the hearing impairment is not known.

Developmentally, children who have hearing impairments have greater needs in the areas of listening and speaking. These needs differ in children with hearing impairments depending on when the hearing loss occurred. Children whose hearing was normal during the first three or four years will have already established many language skills. Children who lost their hearing before they learned to talk will need special training to gain those communications skills.

Caregivers who care for hearing impaired children need to be aware of each child's individual needs. In general, caregivers may use some of the following strategies with hearing impaired children:

- Face the children when speaking to them.
- Use a natural tone of voice and avoid exaggerated lip movements.
- Assist children to use as much of their residual hearing as possible.
- Cooperate with each child's speech therapist. Learn how to support communication learning whether it be according to the aural/oral (speaking and lip reading) or manual (sign language) approach.

Physically Handicapping Conditions. Physically handicapping conditions inclue those conditions which physically limit the movement of a child or result in chronic health problems. Cerebral palsy, spina bifida, and missing or non-functioning limbs are some of the conditions which limit a child's movement. Allergies, diabetes, epilepsy, and congenital heart defects are some of the chronic health problems which may affect children.

The causes of physically handicapping conditions can be either hereditary or environmental. For example, spina bifida appears to be influenced by hereditary factors which result in an open spinal column. Cerebral palsy is a condition which can be caused by damage to part of the brain during a difficult birth. Other physcially handicapping conditions can occur in early childhood as a result of accidents or illness. Again, the exact cause of an individual child's physical handicap may not be clear.

Physical limitations in young children may have an effect on all other areas of development. The impact of the condition depends on the nature of the handicap. The child with cerebral palsy, for example, may have difficulty controlling muscle movement. This may make speech as well as small muscle coordination difficult. Epilepsy, a condition which results in seizures, affects the child physically only during a seizure. However, the emotional and social factors associated with epilepsy are often of greater concern.

Caregivers who care for children with physically handicapping conditions need to learn about each child's special needs. Some of the following guidelines may apply:

- Learn appropriate positioning of the child as guided by the child's therapists.
- Work with dietitians or other specialists to support the child's nutritional program.
- Arrange the environment to promote maximum freedom of movement for the child. Remove barriers.
- Know how to help the child with braces, prosthesis, or other apparatus.
- Check a child's apparatus frequently to be sure it is working and fitting properly.
- Know first aid procedures for the child with epilepsy or chronic health problems.
- Promote the child's active involvement with the group.
- Help the child learn self-help skills.

Communication Handicapping Conditions. A child's ability to communicate may be considered a handicapping condition if the speech and/or language calls attention to itself, interferes with the child's communication or causes the child to become maladjusted. Four categories of speech impairments are identified:

- Articulation disorders which affect speech sound production

- Fluency disorders which affect the rate and rhythm of speech
- Voice disorders which affect the pitch, loudness, or quality of the voice
- Language disorders which affect the child's ability to express or understand word meanings or the correct order of [illegible] of speech in a sentence

Articulation disorders are the most common type of speech impairment. A child may be said to have an articulation disorder if she or he distorts, substitutes, or omits speech sounds usually articulated correctly by the majority of children of the child's age group. For example, if a child says "dadder" for "ladder" but is only two years old, this would not be considered a speech articulation problem, since most two-year-olds misarticulate that "l" sound. If, however, a five-year-old child consistently substitutes "th" for the "s" sound, always saying "thoup" for "soup", then that child probably has a frontal lisp.

The most common disorder of speech fluency is stuttering and *must not* be confused with normal, developmental dysfluency in the speech of the preschool child. Voice disorders are not common in young children. However, a chronically unpleasant voice such as the child who always sounds like he or she has a cold when he or she does[illegible] or the child with chronic laryngitis should be referred to a physician. A voice disorder is often the symptom of a physical problem in the young child.

The causes of speech impairment vary. Speech is an act that requires the rapid coordination of numerous fine muscles. It is dependent upon good hearing as well as small motor coordination. Also, speech is a learned or acquired behavior so that one of the main causes for impaired speech is faulty learning. Other causes of speech impairments may be physical in nature. For example, chronic ear infections in early childhood, cleft-palate, or cerebral palsy can be the physical cause of a speech impairment.

The acquisition of language is one of the most important tasks of the early childhood years. Children with language disorders may have difficulty in expressing their wants, being understood by others, and understanding what is said to them. Language also plays an important role in cognitive development. The child who is delayed in using language symbols to represent ideas may also display a delay in cognitive development. Language disorders are related to central nervous system malfunctions or brain damage. Recent research has shown that language delay may be a family problem.

Caregivers who care for children with speech handicapping conditions need to learn about each child's special needs. Some of the following guidelines apply to children with speech impairments:

- Accept and reinforce all attempts by the child to use speech.
- Provide concrete activities and objects to increase the child's

receptive vocabulary.
- Be a good speech model.
- Know where the child is in the sequence of language acquisition and help the child progress to the next level.
- Be patient when listening. Give the child your full attention and time to speak.

Without the ability to symbolically represent ideas through, language, a child's cognitive development is hindered. A child with a speech impairment may also have problems in developing a positive self-concept. Relationships with parents, caregivers, and peers are challenging when one's speech is difficult to understand.

Behavioral Handicapping Conditions. Children who exhibit unusual behavior frequently or over a long period of time may have an *emotional* or *behavioral disorder*. Behaviors appear to be inappropriate for the age and cultural group to which the child belongs. Professionals use a wide variety of classification categories for a typical behavior in children. However, a constant set of only two major categories can be identified as relevant for the child caregiver:
- Hyperactive-agressive
- Anxious-withdrawn

The hyperactive-agessive child may demonstrate many of the following characteristics:
- Defiant toward adults
- Inappropriate attention-seeking behavior
- Inability to remain with a task or delay being rewarded
- Destruction of property
- Solitary, disordered, and agitated play style
- Requires frequent intervention from adults

The anxious-withdrawn child may demonstrate many of the following characteristics:
- Shy, often watches from a distance
- Easily flustered
- Lacking self-confidence
- Fearful
- Overly dependent on adults and peer leaders
- Easily depressed

All of the behaviors of the hyperactive-agressive or the anxious-withdrawn child might also be exhibited by normally developing children. However, when inappropriate behaviors or emotional states persist and are frequently displayed by the young child, then the child's development can be adversely affected. Further assessment and special treatment may be needed.

The causes of behavioral disorders are not always known. Several theories are offered. One theory states that the cause of behavior disorders are largely physical or biological in nature. Another theory proposes the idea that behavior disorders arise

from a mismatch between the child and the social environment. For example a child with an innately difficult temperament may have easygoing parents who find it difficult to meet the child's needs. A third theory, proposed by the behaviorists, states that unusual or inappropriate behaviors are rewarded and thus increase in frequency. All of these explanations may actually help to explain behavioral disorders in young children.

Children with behavioral disorders have difficulty establishing and maintaining relationships with others. Emotional expressions may be difficult or done inappropriately. Because these children have poor social skills, they often develop poor self-concepts. They do not receive as many positive, accepting feelings from peers or adults as do socially skilled children. Often these children are as intellectually and physically capable as their age-mates. But their lack of self-confidence may affect their learning, language, and physical skills.

Patience, self-confidnece, and good child guidance techniques are especially important for caregivers with behaviorally disordered children. Some of the following guidelines may be useful:

- Plan and adjust the environment to minimize stimulation of inappropriate behavior.
- Learn to use effective behavior modification techniques for group management and for teaching appropriate behaviors.
- Establish and consistently apply classroom or group rules.
- Learn as much as possible about the child's strengths, needs, family background, etc. Know how the child usually responds to various situations.

Giftedness. Children who have been identified as having gifts and talents also have special needs. According to federal legislation *gifted children* possess:

> ". . . demonstrated or potential abilities that give evidence of high performance capability in areas such as intellectual, creative, specific academic, or leadership ability, or in the performaning and visual arts, and who by reason thereof, require services or activities not ordinarily provided by the school."

Measuring or defining "high performance" in these areas is difficult. One of the most frequent measures of intelligence is the standarized IQ test. Children with IQs of 130 or above are considered gifted. IQ tests, however, are often criticized as a determiner of giftedness. Many children who are creatively gifted do not score above 130 on IQ tests. A broader definition of giftedness might be simply "outstanding achievement in any area of development or learning." Child caregivers often play a key role in identifying such achievements.

The question of why some children are gifted and others are not has been of interest to researchers for a long time. For a while, two schools of thought prevailed. Some thought that giftedness

was largely a result of heredity. Others thought that the environment determined giftedness. Today, most agree that giftedness is an interplay between inherited superior traits and a stimulating environment.

Gifted children are often advanced in many areas of development. They tend to think, reason, and create in ways more typical of older children than children of their age. And contrary to popular opinion, gifted children are usually socially skillful and well-liked by their peers.

Gifted children present a unique challenge to child caregivers. To fully develop their gifts, these children need a stimulating environment tailored to meet their individual needs. Some of the following guidelines may be useful:

- Provide a rich and stimulating learning environment.
- Support children's self-initiated interests. Serve as a resource person.
- Help children develop observation skills and inductive and deductive reasoning.
- Provide opportunities for the children to take on leadership roles within the group.

Seven categories of special needs are described in this unit. Categorizing of special needs is only on way of understanding this subject. While both hereditary and environmental factors affect the development of special needs children, the exact cause of most handicapping conditions is not known. Understanding the general nature of each child's special need is important. However, each child will have unique, individual needs which should be the basis for the child's care and education.

The great variety of handicapping conditions may seem overwhelming. Human development is so complex that it is not surprising that some individuals develop special needs. If child caregivers relate to each child on an individual basis, the special need takes second place to the child's basic human needs which are shared by all children.

REFERENCES

Deiner, Penny L. *Resources for Teaching Young Children with Special Needs.*

Fallen, Nancy H. and McGovern, Jill E. *Young Children with Special Needs.*

Safford, Philip L. *Teaching Young Children with Special Needs.*

Texas Department of Human Resources. *When You Care for Handicapped Children.*

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 15

LEARNING OBJECTIVE

Describe the nature of mental retardation in a preschool-age child.

DIRECTIONS

1. Arrange to observe a mildly or moderately mentally retarded preschool child in a mainstreamed program. [NOTE: If you do not have access to a mainstreamed setting, observe in a special education setting.]
2. Obtain permission to interview the child's caregiver about the nature of this child's special needs. Find out about the exact diagnosis and the developmental level of the child at this time.
3. Use the observation form on the following pages to describe the nature of this child's special needs.
4. Answer the questions below.

KEY QUESTIONS

In general, how has mental retardation affected this young child?

What special assistance did the caregiver provide the child?

In what ways did the child you observed seem more alike than different from age-mates?

THE NATURE OF MENTAL RETARDATION: OBSERVATION FORM

Child's Chronological Age: _____ Child's Developmental Age: _____

Official Diagnosis: _____

Type of Preschool Setting Observed: _____

Describe the child's physical appearance. Note any physical differences specifically associated with the child's retardation.

How did the child use his or her body? Describe both small and large motor behaviors.

How did the child use language to communicate with others? Give examples. In what nonverbal ways did the child communicate?

How did the child relate to other children in the group?

How did the child relate to the caregiver or other adults?

What range of emotions did you observe in the child? Cite examples of ways in which the child displayed emotions.

During the time of free-choice play, what did the child choose to do? Describe the child's behavior.

How did the child behave during a structured group activity?

In what ways did the child seem to reason or think about the activities and the environment around her or him?

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 16

LEARNING OBJECTIVE

Describe the nature of learning disabilities in a preschool-age child.

DIRECTIONS

1. Arrange to observe a child who in a mainstreamed preschool program has been diagnosed as having learning disabilities. [NOTE: If you do not have access to a mainstreamed setting, observe in a special education setting. The child should be at least four years old.]
2. Obtain permission to interview the child's caregiver about the nature of this child's special needs. Find out about the exact diagnosis of learning disabilities in this child.
3. Use the observation form on the following pages to describe the nature of this child's special needs.
4. Answer the questions below.

KEY QUESTIONS

In general, how have learning disabilities affected this young child?

In what ways did the child you observed seem more alike than different from age-mates?

THE NATURE OF LEARNING DISABILITIES: OBSERVATION FORM

Child's Age: _____

Official Diagnosis: _____

Type of Preschool Setting Observed: _____

Describe the child's physical appearance.

How did the child use her or his body? Describe both small and large motor behaviors.

How did the child use language to communicate with others? Give examples. In what nonverbal ways did the child communicate?

How did the child relate to other children in the group?

How did the child relate to the caregiver or other adults?

What range of emotions did you observe in the child? Cite examples of ways in which the child displayed emotions.

During the time of free-choice play, what did the child choose to do? Describe the child's behavior.

How did the child behave during a structured group activity?

In what ways did the child seem to reason or think about the activities and the environment around him or her?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 17

LEARNING OBJECTIVE

Describe the nature of a visual impairment in a young child.

DIRECTIONS

1. Arrange to observe a child who has a visual impairment in a mainstreamed setting. [NOTE: If you do not have access to a mainstreamed setting, observe in a special education setting.]
2. Obtain permission to interview the child's caregiver about the nature of this child's special need. Find out about the specific type of visual impairment.
3. Use the observation form on the following pages to describe the nature of this child's special needs.
4. Answer the questions below.

KEY QUESTIONS

In general, how has the child been affected by this visual impairment?

In what ways did the child you observed seem more alike than different from age-mates?

THE NATURE OF VISUAL IMPAIRMENTS: OBSERVATION FORM

Child's Age: _____

Official Diagnosis: _____

Type of Preschool Setting Observed: _____

Describe the child's physical appearance.

How did the child use her or his body? Describe both small and large motor behaviors.

How did the child use language to communicate with others? Give examples. In what nonverbal ways did the child communicate?

How did the child relate to other children in the group?

How did the child relate to the caregiver or other adults?

What range of emotions did you observe in the child? Cite examples of ways in which the child displayed emotions.

During the time of free-choice play, what did the child choose to do? Describe the child's behavior.

How did the child behave during a structured group activity?

In what ways did the child seem to reason or think about the activities and the environment around him or her?

How was the environment arranged to facilitate this child's independence in movement and use of materials?

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 18

LEARNING OBJECTIVE

Describe the nature of a hearing impairment in a young child.

DIRECTIONS

1. Arrange to observe a child who has a hearing impairment in a mainstreamed setting. [NOTE: If you do not have access to a mainstreamed setting, observe in a special education setting.]
2. Obtain permission to interview the child's caregiver about the nature of this child's special need. Find out about the specific nature of the child's hearing impairment.
3. Use the observation form on the following pages to describe the nature of this child's special needs.
4. Answer the questions below.

KEY QUESTIONS

In general, how has the child been affected by this hearing impairment?

In what ways did the child you observed seem more alike than different from age-mates?

THE NATURE OF HEARING IMPAIRMENTS: OBSERVATION FORM

Child's Age: ____ _____

Official Diagnosis: _____

Type of Preschool Setting Observed: _____

Describe the child's physical appearance.

How did the child use her or his body? Describe both small and large motor behaviors.

How did the child use spoken language to communicate with others? Give examples. In what nonverbal ways did the child communicate?

How did the child relate to other children in the group?

How did the child relate to the caregiver or other adults?

What range of emotions did you observe in the child? Cite examples of ways in which the child displayed emotions.

During the time of free-choice play, what did the child choose to do? Describe the child's behavior.

How did the child behave during a structured group activity?

In what ways did the child seem to reason or think about the activities and the environment around her or him?

How was the environment arranged to facilitate this child's independence in movement and use of materials?

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 19

LEARNING OBJECTIVE

Describe the nature of a physically handicapping condition in a young child.

DIRECTIONS

1. Arrange to observe a child who has a physical handicap in a mainstreamed setting. [NOTE: If you do not have access to a mainstreamed setting, observe in a special education setting.]
2. Obtain permission to interview the child's caregiver about the nature of this child's special need. Find out about the specific nature of the child's physical handicap.
3. Use the observation form on the following pages to describe the nature of this child's special needs.
4. Answer the questions below.

KEY QUESTIONS

In general, how has the child been affected by this physical handicap?

In what ways did the child you observed seem more alike than different from age-mates?

THE NATURE OF PHYSICAL HANDICAPS: OBSERVATION FORM

Child's Age: _____

Official Diagnosis: _____

Type of Preschool Setting Observed: _____

Describe the child's physical appearance.

How did the child use her or his body? Describe both small and large motor behaviors.

How did the child use language to communicate with others? Give examples. In what nonverbal ways did the child communicate?

How did the child relate to other children in the group?

How did the child relate to the caregiver or other adults?

What range of emotions did you observe in the child? Cite examples of ways in which the child displayed emotions.

During the time of free-choice play, what did the child choose to do? Describe the child's behavior.

How did the child behave during a structured group activity?

In what ways did the child seem to reason or think about the activities and the environment around him or her?

How was the environment arranged to facilitate this child's independence in movement and use of materials?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 20

LEARNING OBJECTIVE

Describe the nature of a communication handicapping condition in a young child.

DIRECTIONS

1. Arrange to observe a child who has a communication handicapping condition in a mainstreamed setting. [NOTE: If you do not have access to a mainstreamed setting observe in a special education setting.]
2. Obtain permission to interview the child's caregiver about the nature of this child's special needs. Find out about the specific nature of the speech impairment.
3. Use the observation form on the following pages to describe the nature of this child's special needs.
4. Answer the questions below.

KEY QUESTIONS

In general, how has the child been affected by this speech impairment?

In what ways did the child you observed seem more alike than different from age-mates?

THE NATURE OF SPEECH IMPAIRMENTS: OBSERVATION FORM

Child's Age: _____

Official Diagnosis: _____

Type of Preschool Setting Observed: _____

Describe the child's physical appearance.

How did the child use her or his body? Describe both small and large motor behaviors.

How did the child use language to communicate with others? Give examples. In what nonverbal ways did the child communicate?

How did the child relate to other children in the group? Did the child use language with them? In what ways?

How did the child relate to the caregiver or other adults?

What range of emotions did you observe in the child? Cite examples of ways in which the child displayed emotions. Did you observe anxiety on the part of the child when he or she tried to speak?

During the time of free-choice play, what did the child choose to do? Describe the child's behavior.

How did the child behave during a structured group activity? Was the child encouraged to speak?

In what ways did the child seem to reason or think about the activities and the environment around her or him?

How was the environment arranged to stimulate the child's use of language?

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 21

LEARNING OBJECTIVE

Describe the nature of an emotional or behavioral handicapping condition in a young child.

DIRECTIONS

1. Arrange to observe a child who has an emotional or behavioral handicap in a mainstreamed setting. [NOTE: If you do not have access to a mainstreamed setting, observe in a special education setting.]
2. Obtain permission to interview the child's caregiver about the nature of this child's special needs. Find out about the specific nature of the child's emotional or behavioral handicap.
3. Use the observation form on the following pages to describe the nature of this child's special needs.
4. Answer the questions below.

KEY QUESTIONS

In general, how has the child been affected by this emotional or behavioral handicap?

In what ways did the child you observed seem more alike than different from age-mates?

THE NATURE OF EMOTIONAL OR BEHAVIORAL HANDICAPS: OBSERVATION FORM

Child's Age: _____

Official Diagnosis: _____

Type of Preschool Setting Observed: _____

Describe the child's physical appearance.

How did the child use his or her body? Describe both small and large motor behaviors.

How did the child use language to communicate with others? Give examples. In what nonverbal ways did the child communicate?

How did the child relate to other children in the group? How did the child's emotional or behavioral handicap affect her or his relationships with peers?

How did the child relate to the caregiver or other adults?

What range of emotions did you observe in the child? Cite examples of ways in which the child displayed emotions.

During the time of free-choice play, what did the child choose to do? Describe the child's behavior.

How did the child behave during a structured group activity?

In what ways did the child seem to reason or think about the activities and the environment around him or her?

What guidance techniques did the caregiver use with this child?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 22

LEARNING OBJECTIVE

Describe the nature of gifted and talented young children.

DIRECTIONS

1. Arrange to observe a child who has been identified as gifted or talented in a mainstreamed setting. [NOTE: If you do not have access to a mainstreamed setting, observe in a special education setting.]
2. Obtain permission to interview the child's caregiver about the nature of this child's special needs. Find out about the specific nature of the child's gifts or talents.
3. Use the observation form on the following pages to describe the nature of this child's special needs.
4. Answer the questions below.

KEY QUESTIONS

In general, how has the child been affected by this gift or talent?

In what ways did the child you observed seem more alike than different from age-mates?

THE NATURE OF GIFTED AND TALENTED CHILDREN: OBSERVATION FORM

Child's Age: _____

Official Diagnosis: _____

Type of Preschool Setting Observed: _____

Describe the child's physical appearance.

How did the child use his or her body? Describe both small and large motor behaviors.

How did the child use language to communicate with others? Give examples. In what nonverbal ways did the child communicate?

How did the child relate to other children in the group?

How did the child relate to the caregiver or other adults?

What range of emotions did you observe in the child? Cite examples of ways in which the child displayed emotions.

During the time of free-choice play, what did the child choose to do? Describe the child's behavior.

How did the child behave during a structured group activity?

In what ways did the child seem to reason or think about the activities and the environment around her or him?

How was the environment arranged to provide challenging and stimulating activities for the child?

SELF-EVALUATION FOR LABORATORY EXPERIENCES

Name of Student: _____ Date: _____

Course Instructor: _____ Course: _____

Lab Experience: _____

Briefly describe the events of your experience.

Answer the following questions.	Yes	No	N/A
1. Did I read the unit overview and assigned readings?	☐	☐	☐
2. Did I read the lab experience carefully before beginning?	☐	☐	☐
3. Did I follow the directions?	☐	☐	☐
4. Did I arrive on time as planned?	☐	☐	☐
5. Were my materials or equipment ready?	☐	☐	☐
6. Did I know the assignment well enough to carry it out without referring to notes?	☐	☐	☐
7. Did I introduce myself to the caregiver and children?	☐	☐	☐
8. Did I achieve the learning objective for the lab experience?	☐	☐	☐
9. Were my personal goals for the experience achieved?	☐	☐	☐

Describe what you feel you accomplished as a result of this experience.

How could you improve your performance?

PARTICIPATION EVALUATION

Name of Student Observed: _____ Date: _____
Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Foor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction to the experience	☐	☐	☐	☐	☐
Carrving out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

Performance Objectives

Promoting Positive Interactions Unit IV

Valuing Individual Differences

- Analyze the caregiver's role in creating an environment in which respect for individuals is a primary value.
- Demonstrate the ability to discuss individual differences with children in a neutral manner.
- Develop strategies for helping normally developing children identify with the needs of special children.

Strategies for Promoting Positive Interactions

- Develop specific skills for promoting positive interactions between all children in the mainstreamed child care program.
- Develop specific strategies for building social skills and play behaviors in children with special needs.
- Develop strategies for helping special needs children identify and deal with their feelings.

Group Management

- Evaluate group management techniques which are important in the mainstreamed child care program.
- Develop problem-solving strategies which can be applied to group management problems.

Stress Management

- Develop stress management strategies for yourself as a caregiver of special children.

An Overview

Many benefits result when special needs children and children without special needs are educated and cared for together. However, positive group interactions do not happen automatically. Caregivers must make a conscious effort to foster positive group interactions. Helping children to accept and value individual differences is important. Children with special needs may need specific learning activities to help them develop social skills and play behaviors. In addition, caregivers need to know how to use a variety of group management techniques, including behavior modification. Since the child caregiver's attitude is crucial to the success of mainstreaming, caregivers need to learn how to manage stress which may accompany the challenge of mainstreaming. These issues are important to all caregivers, whether in a mainstreamed or regular child care setting. For more in-depth information study the references listed at the end of the overview.

Valuing Individual Differences

Those experienced in mainstreaming often attest to the fact that children are more alike than different. Yet each child has unique qualities which make him or her different from every other child. Learning to accept and respect individual differences is an important attitude for children to develop. Positive attitudes develop best when the caregivers themselves provide a positive role model. In other words, a caregiver's actions demonstrate her or his positive attitudes for others to follow.

To begin with, caregivers need to be aware of their own biases and feelings. If children with certain special needs cause a caregiver to experience unpleasant feelings, the caregiver needs to examine those feelings. Questions such as "Why do I think or feel this way?" and "How might I develop more positive feelings?" are important to ask. These questions also apply to an occasional caregiver who may have unpleasant feelings about children from different cultural backgrounds.

Caregivers who wish to improve the attitudes toward individual differences might simple need more information on or direct experience with children with a certain handicap. Talking over concerns with another experienced caregiver is also a useful strategy.

Learning to relate to each child as a child first instead of to the special need is an important mental attitude.

With a positive attitude toward individual differences, the caregiver can demonstrate this attitude to the children in many ways. Some ways are:

- Praise children for unique ideas, creative works, and other contributions to the group.
- Provide books and pictures which show a variety of people in diverse roles.
- Point out each child's unique talents and skills in an appreciative manner.
- Provide creative and problem solving activities which allow for a variety of responses.
- Emphasize that people share many common needs and feelings.
- Point out individual differences in a neutral or matter-of-fact manner.

The anticipated arrival of a special needs child in the group is an important time for fostering appreciation of individual differences. One caregiver had the new child prepare a scrapbook about herself. The caregiver placed it in the library center the week before her arrival. Informally, the caregiver visited with small groups of children and discussed the child and her special needs. Another caregiver, knowing that a child in a wheel chair would be enrolling soon, obtained a wheel chair to bring to class ahead of time. The children were then involved in several awareness activities including rearranging their room to make wheel chair movement easy. Preparing a group of children for the arrival of a child with special needs fosters understanding and quick acceptance of the child into the group.

Whether caregivers are expecting a new child with special needs or not, it is a good idea to provide regular activities to foster children's awareness of various special needs. Since children learn best through experience, caregivers should provide awareness activities which allow children to experience what it might be like to have a handicap. For example, some children with difficulty in motor control find it a challenge to dress each day. To simulate this difficulty, have children wear a pair of heavy gloves and try to button a coat or sweater. Or, children might experience what it is like to have a brace on one leg, restricting movement of the knee. A newspaper wrapped around one leg and taped in place will simulate a leg brace. Children find out what it is like to walk, sit in a chair, or sit on the floor while wearing a leg brace.

With any awareness activity it is important to help children understand that a child's special need is only one part of a child's life. Children with or without handicaps can be good friends and fun to play with.

Strategies for Promoting Positive Interactions

Research has shown that simply caring for special needs children and non-special needs children at the same time is no guarantee of success. In order for mainstreaming to succeed, caregivers must make a specific effort to promote positive interactions. Children with special needs and children without special needs often need to learn how to interact and play well with each other. Learning to identify and deal with feelings in a positive way is important for all children but especially for those with special needs.

Promoting Positive Interactions. Most of the strategies recommended for promoting positive interactions are strategies important to any child care situation. But for children with special needs, positive interactions are essential. Caregivers need to:

- Arrange the environment so that positive interactions are possible.
- Plan and follow a well-balanced daily schedule to allow time for positive interactions to occur.
- Plan and provide learning experiences which will promote cooperation.
- Take advantage of incidental or naturally occurring events among the children to promote positive interactions.

The room arrangement should make it easy for all children to move around and play positively together. The room should feature one large, open area for large group activities and large muscle play. Small group areas or learning centers should occupy most of the room's space. Centers for dramatic play, blocks, and table games are especially good for promoting cooperative play. Several quiet or private areas should be provided as well. All children need a place and time to be alone. This is particularly true for the shy or withdrawn child.

All areas in the room should be easily accessible to children with physical or visual handicaps. It may be necessary to modify space or to provide special tables, chairs, or other equipment. Keeping the room arrangement fairly constant is important for children with physical or visual handicaps. Knowing that tomorrow the room will be the same as today gives children with these special needs a feeling of security.

Enough play equipment and materials need to be provided so that children do not have to wait too long for a turn. If there are many interesting things to do in the room and outdoors children will not always want to do the same thing. Having two or three sets of snap-together table blocks, two dolls with curly hair, and several tricycles makes it easier for the children to share and take turns.

Frustration is also prevented when a variety of materials suitable for different developmental levels are provided.

A well-balanced daily schedule can mean the difference between children who are exhausted and fussy at the end of the day and those who are alert and happy. The *daily schedule* is a planned sequence of events. The schedule is balanced around active and quiet play, caregiver-directed and child-directed play, structured and unstructured play, and small and large group activities. When children with special needs are included in the group, the schedule may need to be a little more structured for some special needs children. Large blocks of unstructured, child-directed playtime may be difficult for many children with special needs. For example, during a scheduled free choice time the caregiver may need to give a special needs child only a few activities from which to choose. A child needing to develop small motor skills may be given the choice of going to the art or manipulative center. Another child may need to spend a few minutes in a caregiver-directed activity during this time.

A well-balanced schedule should also include planned transition activities. *Transitions* are events which occur between major activity periods. The transition activity helps the children stop one type of activity and move on to another. Transition periods, if not well planned, often result in undesirable behavior by the children. The child caregiver should be flexible about when to start transitions. Many children find transitions an interruption to their activities. The caregiver should check to see where the special needs child is in terms of task completion. The caregiver may need to delay the transition or simply remind the child several minutes ahead of time that an activity period is coming to a close. Of course, the child should be told that he or she may return to their tasks again at a later time, if they so desire.

Positive interactions can be promoted directly by providing materials and learning experiences which foster cooperation. Materials such as blocks, dramatic play props, and table games encourage children to play together. The child caregiver can also provide learning experiences which give children a chance to interact positively. For example, as a cooking activity, three children are given some fruit, yogurt, and nuts to make a fruit salad. The caregiver leads the children in discussing how they will work together to make the salad. Then she leaves the group to acomplish their task. Another caregiver involves the children in acting out the story of the farmer and the giant turnip. In the activity children learn that in order to achieve a goal (pulling up the turnip) everyone has to help.

Many positive interactions take place naturally among children during the course of the day. The caregiver can further promote these interactions by rewarding them and by using them to expand children's awareness. This technique or process is sometimes called *incidental teaching*. For examole, when Ms. Rios notices that Sheila and Don are dividing the table blocks equally between them she comments, "You can both play with the blocks because you are sharing them! What a good idea!" In this interaction, Ms. Rios reinforces the children's behavior and labels that behavior for them. In another situation, Mr. Owen notices a group of children intently watching a street repair crew outside the fence. He joins the group and says, "Look how those two workers are helping each other. One applies the tar while the other one smooths the street. What might happen if the worker applying the tar goes too fast? How would the other worker feel?" Mr. Owen takes advantage of this unplanned situation to help children notice how people must work together cooperatively to accomplish a goal.

Preparing the environment, planning a well-balanced yet flexible schedule, providing learning experiences to promote cooperation, and using incidental teaching are important skills for the caregiver in a mainstreamed child care program. These skills are especially effective when working with children with special needs.

Building Social Skills and Play Behaviors. Children with handicaps may not have had as many opportunitites to play with other children as their non-handicapped peers. For example, a child who has had many hospital stays might not have had a chance to play with other children. Parents of the special needs child may have overprotected the child, desiring to spare the child ridicule and rejection. Also, many handicapping conditions, by their very nature, make it especially difficult for some children to acquire social skills. For example, children with speech and hearing impairments or mental retardation may not have the language necessary to make their wants and needs clearly known. Children with behavioral disorders or physical handicaps may have difficulty making friends because some of their behaviors tend to put off some of the other children. Caregivers, therefore, must make special efforts to work with each individual child in acquiring social and play skills.

If caregivers have modeled acceptance and helped all children in the group value individual differences, then children with handicaps will learn social and play skills more readily. Specifically, children with special needs may need to learn how to:

- Start and sustain play with other children
- Follow another child's lead or model
- Pretend in creative dramatic play
- Share materials and take turns
- Let other children know what they think and feel

Many strategies are appropriate for developing these skills in young handicapped and non-handicapped children. Caregivers begin by observing each individual child to find out what social skills each has and needs to develop. Social or play skills which a child already has can be used as a basis for developing new skills. For example, Bryan, a child with cerebral palsy, plays table games well with other children. However, Bryan does not often become involved in dramatic play. The caregiver provides several table games which involve fantasy characters and then suggests to Bryan and some of his friends that they pretend to be these characters. The caregiver provides some dramatic props to further stimulate their play.

Another effective strategy is to give children the words they need to initiate play or let other children know how they feel. For example, a caregiver notices Mandy looking at the cars and track set. The caregiver says, "Who would make a good partner for you when you play cars?" Mandy suggests Ressa. "Go and say to Ressa, 'Come play cars with me,'" the caregiver replies. In another situation Tonda, a three-year-old with a hearing impairment, has a toy taken from her by another child. The caregiver faces Tonda and tells her, "Say, 'Mine!'" She helps Tonda approach the other child and repeats the words, helping her hold out her hand until the other child gives the toy back.

Making use of peers to model or help children with special needs is one of the greatest benefits of mainstreaming. Sometimes, caregivers need to help the child with a handicap learn how to imitate or model the behavior of other children. "Look how Lim and Violet are sharing the sand bucket. Share a bucket with me. Let's fill it together," says the child's caregiver. In other cases the caregiver might ask a non-handicapped child to show the handicapped child how to do something. One caregiver requests of Jesse, "Show Timmy how to put on the helmet and ride the motorcycle like a police officer."

Children with special needs may have difficulty acquiring social and play skills. Caregivers, along with other children in the group, can take an active role in helping the special needs children learn these skills.

Identifying and Dealing with Feelings. Part of becoming socially skillful is learning to understand and express feelings appropriately. Young children experience a wide range of emotions each day. Sometimes these feelings are intense and cause children to behave in a typical way. Young children with special needs may require extra guidance in this area.

The foundation for dealing with feelings is self-concept. Children who generally view themselves in a positive manner are better able to accept and express their feelings in acceptable ways. Children's self-concepts are largely a product of how they think others see them.

Young children with special needs may perceive a greater share of negative feedback from the environment and people around them. Therefore, it can be more difficult for them to develop a positive self-concept. Caregivers can begin to help children with special needs by making sure that the environment and the people around special needs children give plenty of positive feedback.

A positive emotional environment in the child care setting is one in which feelings are accepted, not judged. One effective way to demonstrate acceptance is the technique of *active listening*. This means listening to the child's expression of emotions and reflecting back to the child an understanding of what was said. For example, Mario shouts at Tina who has accidently knocked over a block construction, "You stupid girl! Look what you did!" The caregiver nearby responds, "You are really angry that Tina knocked over your blocks. And you want her to know about it." The caregiver is accepting Mario's feelings and at the same time helping him identify those feelings.

Identifying and accepting feelings, however, does not indicate approval of how those feelings are expressed. In Mario's class shouting is considered an unacceptable behavior. After Mario has expressed his feelings and seems to be returning to a calmer state the caregiver explains, "When you are angry with Tina tell her in a quiet voice. Loud voices are for outdoors." Thus the caregiver places limits on how Mario's feeling can be expressed while at the same time accepting how he feels.

Children with special needs have the same feelings as other children. Some children, however, may not be skillful in identifying and expressing those feelings. Amy, a child with small motor problems, pushes a puzzle off the table and says, "I can't fix it!" The caregiver hears the noise of the falling puzzle and approaches Amy. "I can see from your face that you are upset. Tell me how you feel." Amy expresses her frustration at not being able to work the puzzle. The caregiver responds, "When you can't fix the puzzle as fast as you would like to, it makes you angry. You want to throw the puzzle away." Amy nods her head in agreement. By this time Amy has calmed down some and the caregiver continues, "It's O.K. to feel angry when things don't go the way you want them to. But I can't let you throw your puzzle on the floor. Next time you can't work the puzzle tell a friend how you feel. Who could you talk to?" Amy and the caregiver discuss this option as they pick up the puzzle pieces together. Knowing that Amy needs a success experience right now, the caregiver helps Amy with the difficult parts of the puzzle, using words to explain what she is doing. She asks Amy to complete the rest of the puzzle. She praises Amy's success when the puzzle is complete.

Some children with special needs express very few emotions. They seem rather neutral about all that goes on around them. For some reason, they find it difficult to express how they feel. In cases such as these, caregivers need to find many opportunities to draw out the child and let the child know that how she or he feels is important to the caregiver. Any attempt to show feelings should be rewarded. For example, a caregiver notices a slight smile on Sean's face when a helicopter flies close by the child care center. All the other children become very excited and talkative. The caregiver says, "Sean, did you see the helicopter. How does that make *you* feel inside? I see you are smiling." Sean's smile broadens and he says, "It's loud." The caregiver suggests that all the children go inside and draw pictures of this exciting event to share with their parents.

Accepting children's feelings through active listening and guiding children to express their feelings in appropriate ways are important skills for child caregivers. When caregivers help children with special needs learn to understand and properly express their feelings, it is important to remember that rules for expressing feelings must be the same for all the children. Allowing the child with special needs to be exempt from certain rules only does the child a disservice. If caregivers are having difficulty in this area, they may need to examine the appropriateness of rules and other group management techniques. They may also need to identify and deal with overly sympathetic personal feelings toward the child with special needs.

Group Management

Group management is a term used to describe what caregivers do to ensure that children in a group child care setting are happy and developing well. Any time people work together in groups there will be times when individual wants and needs conflict with the needs of the group. The role of the child caregiver is to ensure that each individual child has his or her needs met but at the same time see that the needs of the group or other children are not compromised. Specific techniques include:

- Group rules for appropriate behavior
- Use of behavior modification to promote positive behaviors and eliminate undesirable behaviors in individual children
- Consistent application of rules and reinforcers
- Problem solving strategies to analyze and plan how to change a child's inappropriate behavior

Group Rules. Rules are necessary for any group child care situation. For young children with special needs, as with all children, knowing the rules and what happens when rules are broken gives an important sense of security. Children need to know what is expected of them. They also need to know what will happen when they go beyond the limits set for their behavior. To be effective, rules must be clearly understood by children. This is possible when children are involved in setting the rules, when only a few rules are established, and when rules are stated in simple, concise language.

To begin, caregivers must decide together which child behaviors are most undesirable in the group child care setting. They should also decide upon a suitable consequence for breaking a rule, such as a brief time-out. Next, caregivers need to involve the children. During a group time the caregivers can share with the children some of the behaviors which they feel are undesirable. Children are encouraged to voice their opinions about these and other behaviors which make for unhappy play. From this discussion it will be possible for each group of children and their caregivers to choose three or four rules. Selecting more than a few rules is unwise. Fewer rules are easier for children to remember and for caregivers to enforce.

Writing the rules on a poster board and illustrating them while the children watch is helpful in establishing the rules. Using some of the children's own words ensures their understanding of the rules. If posted, the list can serve as a reminder to the children. Even though children cannot read the list, they know that the poster says what the rules are. Some rules might be: "We use quiet voices inside and loud voices outside" or "We do not throw sand." One rule appropriate for a mainstreamed setting might be "We help one another only after asking if we may." Nothing is more frustrating to a child in a wheel chair than to be moved involuntarily.

Children also need a clear understanding of what will happen if they break a rule. During the initial rule-making discussion with children, consequences should also be explained. Again, the caregiver should use clear, easy-to-understand language. A demonstration with two caregivers acting out a situation makes the explanation concrete, especially for children with special needs.

Behavior Modification. For groups to function smoothly, each individual in the group must act appropriately. Behavior modification is an effective way to change or sustain behaviors in individuals. Behavior modification is based on the assumption that all behaviors are learned as a result of interacting with the environment. One of the key concepts is the principle of *positive reinforcement*–behavior that is followed by a positive reinforcer will increase in frequency. A positive reinforcer is anything that is rewarding to the individual. For example, if a caregiver consistently praises a child for tasting each food on the lunch plate, that child will likely do the same thing at subsequent meals. The child is rewarded by the caregiver's attention in the form of praise.

Any attention from adults, even in negative situations, is highly reinforcing to most children. Consider the following situation Madeline's tattling behavior was getting worse so several caregivers met to discuss some guidance strategies. They concluded that Madeline was getting attention only when she came to report on the misdeeds of her peers. The caregiver would listen to the report and often go to investigate. She would remind Madeline that it was "not nice" to tell on other people.

The attention that Madeline was receiving was reinforcing the tattling behavior causing the behavior to increase in frequency.

A second concept is the principle of *extinction*–to decrease undesirable behavior, eliminate the positive reinforcer. In the situation described above, the caregiver decided to ignore Madeline when she tattled and to give attention only when she behaved appropriately. At first Madeline's tattling behavior increased as she tried to regain the lost attention. But after the caregiver consistently showed her that such behavior would be ignored, Madeline's tattling gradually decreased. She also came to realize that she could get attention from the caregiver for other, more appropriate behaviors.

Because many children with special needs learn slowly and have difficulty interacting with other children, behavior modification techniques have been found to be very effective. Caregivers need to be especially attentive to what is reinforcing to the child with special needs. Many times those things which are reinforcing for non-special needs children are not so for the child with special needs. For example, the withdrawn child would not find an opportunity to be the leader on the field trip very rewarding. For some special needs children tangible rewards such as stickers or food are more reinforcing than praise from adults. The caregiver's goal is to find what works now with the child and gradually lead the child toward inner motiviation or self-reinforcement. This can be done by pairing the currently effective reinforcer with something that the caregiver wants to be reinforcing. For example, the reward of a sticker paired with verbal praise or recognition for a job well done will help provide an internal feeling of accomplishment for the child. Eventually the verbal praise or internal feeling becomes rewarding.

To be effective, group management techniques must be applied consistently. This is one of the most difficult of a caregiver's tasks but perhaps the most important. Being consistent in the use of group management techniques means doing the same thing each time. For example, if a rule is to ride tricycles one way on the sidewalk, the caregiver will always redirect children going the wrong way. When caregivers are consistent children know what to expect. This helps children to be more consistent in their behavior.

Positive reinforcers must also be applied consistently, especially when new behaviors are being established. Reinforcers should be applied immediately after the desired behavior, each time that behavior is shown. Once the behavior is established, reinforcement can be given intermittently.

Problem Solving. Even after caregivers have established appropriate environments, schedules, and classroom rules, behavior problems can arise. Knowing how to analyze and solve specific behavior problems is an important skill for caregivers.

The first step in behavior problem-solving is observation to identify the problem in specific terms. Statements such as, "She doesn't get along with the other children" or "He's always mad" are not very objective. The caregiver needs to focus on one specific behavior, and describe it objectively and the circumstances surrounding its occurrence. One caregiver records the following summary of a child's behavior problem:

> Brant has identified a certain car in the block center as belonging to him. He keeps the car with him even when he is not in the block center. If another child should pick up the car, Brant grabs the car back saying, "This car is mine." If the other child should oppose this idea, Brant will strike out by hitting or name-calling. This behavior happens about twice a day, more frequently on Mondays.

The specific undesirable behavior in this case is Brant's failure to share classroom property. Also of concern is his striking out behavior associated with keeping possession of the car.

The second step is to examine the causes of the behavior and what elements in the environment tend to reinforce the behavior. Questions which might be asked are:

- What might be motivating the child to act in this way?
- What events or objects in the environment are providing the reward for this behavior?
- What need in the child is being fulfilled by this behavior?
- How do I want the child to act in this situation?

The answers to these questions will form the basis for solving the behavior problem. In the above case of non-sharing behavior, the caregiver talked with the parents about the problem. Apparantly Brant had taken a favorite car of his own to the park and left it there. When Brant and his father returned to look for the car, they were unable to find it. Brant was very upset at the loss and the parents were unable to replace the car right away. In the classroom, Brant tried to replace his lost car by identifying with one in the block center.

The third step is to formulate a plan for solving the problem. Knowing what specific behavior needs to be changed and the underlying causes will often suggest possible strategies for solving the problem. In Brant's case, the caregiver decided to let Brant "borrow" the classroom's car, take it home and keep it until his parents were able to replace his lost car. Leaving the car at home eliminated Brant's need to keep possession of the car in the classroom. In the meantime, the caregiver would work to increase Brant's sharing behaviors through modeling and reinforcement. Whatever plan is made, the caregiver needs to be consistent and give the plan a chance to work. It may take several days.

The fourth, and final step in the problem-solving process is to evaluate the outcome. Did the plan work? Has the child's behavior changed? If the desired results did not come about, the caregiver needs to determine why and formulate a new plan.

Many kinds of behavior problems can be solved through this process. However, there will be times, especially when caring for children with special needs, that caregivers will need to seek the help of other professionals. As always, consideration of the individual child and situation is necessary.

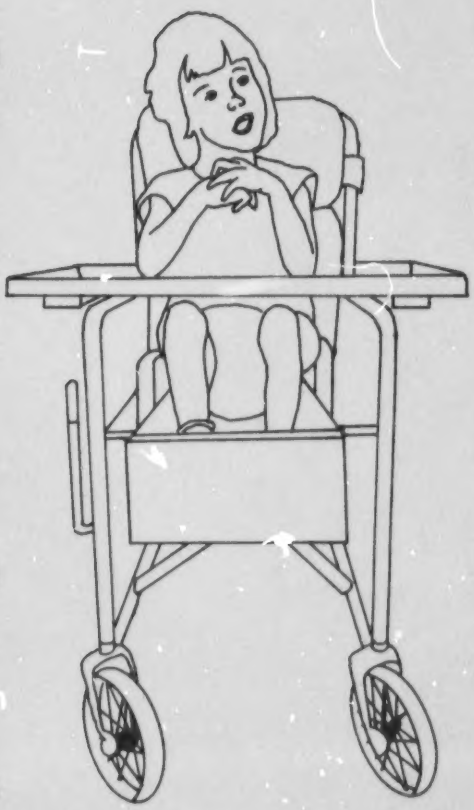
Stress Management

Providing child care to a group of young children is a challenging and sometimes stressful job. When children with special needs are also included in group care, the opportunities for stress (and rewards, too) may increase. Caregivers need to know their own limitations and be able to identify the signs of stress in themselves. Caregivers who are overly stressed may begin to suffer from "burnout" or a feeling of not caring any more.

To prevent burnout, caregivers need to take positive steps to avoid becoming overly stressed. To do this caregivers need to periodically take their "emotional temperature." Reflecting on some of the following questions may be helpful:

- Do I look forward to each new day?
- Do I have enough time to meet each child's individual needs?
- Do I frequently laugh with the children?
- Do I give and receive lots of hugs?
- Do I treat my co-workers with patience and kindness?
- Do I sleep well at night?

If the answer to most of these questions is yes, it is a sign of positive adjustment and that things are going well. If the answer is no to most of the questions, the caregiver may be showing signs of stress and potential burnout.



To prevent stress caregivers can do some of the following:

- Be sure that there is adequate staffing for each mainstreamed group of children and that the group size is small enough to permit caregivers to individualize care and education.
- Take breaks in the morning and afternoon.
- Maintain some emotional distance between yourself and the children. In other words, don't make a child's or parent's problem your own.
- Schedule ample time for planning for the children's individual and group needs.
- Develop a support group with co-workers, parents, and the program director.
- Take care of your body—eat well, get plenty of sleep and exercise.
- Learn when to say "enough" to yourself or others and take action to lessen any stressful situation.

Creating an environment in which both special and non-special needs children can enjoy positive interactions is the responsibility of the child caregiver. When this happens all children gain important skills and attitudes about living in a world with many kinds of people.

Caregivers need to understand that some special needs children may not have the same level of social or play skills as their peers. Helping children with special needs acquire these skills requires planning and patience. Child caregivers will find this work challenging and sometimes stressful, yet worth the rewards that come from watching special needs children realize their full potential.

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Student's Name:_____ Date:_____

Course:_____

LAB EXPERIENCE 23

LEARNING OBJECTIVE

Analyze ways that a child caregiver creates an environment which fosters respect for individual differences.

DIRECTIONS

1. Arrange to observe a child caregiver in a preschool group child care setting.
2. Observe and note examples of ways that the caregiver fosters respect for individual differences. Use the chart on the following pages to guide you as you record your observations. Add one competency of your own on the second page of the chart.
3. Answer the questions below.

KEY QUESTIONS

In what way do the competencies or skills listed on the observation form help children learn to respect individual differences?

What other competencies or skills would indicate a caregiver's respect for individual differences?

Did you observe any behavior on the part of the caregiver that you think did not foster respect for individual differences? If so, give one example and state how you think the situation could have been handled better.

VALUING INDIVIDUAL DIFFERENCES: OBSERVATION FORM

Competency or Skill	Example
Provides activities and materials which can be used on a variety of developmental levels.	
Praises unique or individual contributions.	
Focuses children's attention on positive character traits.	

Competency or Skill	Example
Offers choices. Does not require everyone to do the same thing.	
Reflects cultural variety in the environment.	
Other:	

Student's Name: _____ Date: _____

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LAB EXPERIENCE 24

LEARNING OBJECTIVE

Practice discussing individual differences with children in a neutral manner.

DIRECTIONS

1. Arrange to work with a small group of preschool children.
2. Present the learning activity on the following page or develop one of your own which will help children explore individual differences.
3. After your activity record the children's responses in the space marked "Results."
4. Answer the questions below.

KEY QUESTIONS

What did the children learn about individual differences?

In what way did you remain neutral in your discussion with the children?

Besides a planned small group learning activity, in what other ways could a caregiver discuss individual differences?

EXPERIENCE PLAN

Topic: Individual Differences *Approximate age(s)* 4-5 years
Purpose: To help children notice individual differences
Child(ren) who might be involved:
Materials: For each child provide an early childhood equipment catalogue and scissors.
Introduction: Give each child a catalogue and allow time for exploration.

Caregiver's Role: After the children have looked through their catalogues, ask them to cut out one picture of a toy that they would like to play with best. Have each child show the picture she or he has cut out. Ask the child to tell why she or he like that toy. Ask, "Did any of you choose the same toy?" Let the children compare. Point out that many of the children chose different toys. Name each child and the toy chosen. Ask, "Why did you choose different toys? Is it all right for you to like something different from the other children? Why?"

Anticipated Child(ren)'s Role: The children will look for and cut out pictures of toys that they would like to play with best. They will share their pictures and discuss their reasons for liking that toy. When the children look at the pictures others have selected they will notice that most children will have chosen different toys. Children will discuss the idea that it is all right to have different likes and dislikes.

Results:

EXPERIENCE PLAN

Topic: *Approximate age(s)*
Purpose:
Materials:
Introduction:

Caregiver's Role:

Anticipated Child(ren)'s Role:

Results:

Student's Name:_____ Date:_____

Course:_____

LAB EXPERIENCE 25

LEARNING OBJECTIVE

Present a learning experience to young children to help them identify with the needs of special children.

DIRECTIONS

1. Arrange to work with a small group of preschool children.
2. Present the learning activity on the following page or develop one of your own which will help the children identify with the needs of special children.
3. After your activity record the children's responses in the space marked "Results."
4. Answer the questions below.

KEY QUESTIONS

What attitudes did the children express?

Why is it important to provide learning experiences in which the children actually experience something like a handicapping condition?

What cautions should the caregivers be aware of when presenting awareness activities such as this one?

EXPERIENCE PLAN

Topic: Awareness of Handicapping Conditions *Approximate age(s)* 4-5 years
Purpose: To help children identify with children with physical handicaps.
Child(ren) who might be involved:
Materials: Newspapers, strapping tape or other heavy tape, picture of child with leg brace
Introduction: Show the children a picture of a child wearing a leg brace.

Caregiver's Role: Lead the children in a discussion of the picture. Ask, "What is different about this child from yourself?" "What things are the same?" "How do you think it feels to have your leg in a brace?" Explain that for a little while children who wish to will find out what it is like to wear a leg brace. Show children how you will place each child's leg in a newspaper and tape in place. "What happens to your knee?" Let the children wear their "leg braces" during free choice time. Have the children talk about what things were difficult to do. Ask, "If a child with a leg brace were to be in our room, would you play with her?"

Anticipated Child(ren) 's Role: Children will notice the leg brace on the child in the picture and also point out how the child is just like them. They will experience what it might be like to wear a leg brace and to be unable to bend at the knee. Children will be able to tell you what things they found difficult to do while wearing a leg brace. Children may wish to discuss why some children wear leg braces. Explain that some children need special equipment to help them walk and stand better. Children will express their willingness to play with a child with a leg brace.

Results:

EXPERIENCE PLAN

Topic: *Approximate age(s)*
Purpose:
Child(ren) who might be involved:
Materials:
Introduction:

Caregiver's Role:

Anticipated Child(ren) 's Role:

Results:

Student's Name: _____ Date: _____
Course: _____

LAB EXPERIENCE 26

LEARNING OBJECTIVE

Analyze ways that the indoor classroom environment influences positive interactions in the mainstreamed child care setting.

DIRECTIONS

1. Arrange to observe a mainstreamed child care environment.
2. Use the check list which begins on the following page to evaluate the environment.
3. Answer the questions below.

KEY QUESTIONS

What special equipment or materials are provided for children with special needs?

What kind of materials are provided to facilitate cooperative play? List several types of materials and tell how these materials were used by the children.

How does the environment in this room promote or hender positive interactions between special needs and non-special needs children?

PROMOTING POSITIVE INTERACTIONS: INDOOR ENVIRONMENT CHECK LIST

DIRECTIONS: Observe a mainstreamed indoor classroom or area. Place a check on the line marked yes or no to indicate your answer to each question.

	Yes	No
1. Is overcrowding prevented by an adequate amount of indoor space?	___	___
2. Is space divided into areas of different sizes, including large open space, small group areas, and smaller "alone" areas?	___	___
3. Are active, noisy areas located away from quieter areas?	___	___
4. Does the arrangement of the room or area remain fairly stable over time? (Ask caregiver.)	___	___
5. Are equipment and materials logically arranged within each area with appropriate uncluttered work surfaces near accessible storage?	___	___
6. Are special equipment or materials provided for children with special needs?	___	___
7. Is it easy to tell the intended use of each area?	___	___
8. Are equipment and materials provided and arranged to facilitate cooperative play?	___	___
9. Are floor coverings suited to the activities in each area?	___	___
10. Do boundaries between areas effectively communicate where areas begin and end?	___	___
11. Are traffic paths obvious and unblocked so that children can move easily and safely about the room?	___	___
12. Are equipment and furniture such as chairs, tables, and storage units appropriately sized and designed for young children?	___	___
13. Are toilets, sinks, and water fountains low enough for convenient and independent use by all children?	___	___
14. Are handrails or other support structures provided to accommodate children with special needs when appropriate?	___	___
15. Are a variety of materials provided to match individual children's interests, needs, and developmental levels?	___	___

	Yes	No
16. Are equipment and toys well maintained, in good working order, and free of broken or missing parts?	___	___
17. Are enough materials and equipment available so children do not have to wait a long time for a turn?	___	___
18. Is there a clearly designated storage area for each child's personal belongings?	___	___
19. Is beauty included in the environment through pleasing colors, order, and "soft" touches such as floor pillows, hanging plants, or stuffed animals?	___	___
20. Has the environment been personalized through displays of the children's projects, family pictures, or other creations?	___	___
21. What other items are included that make this a suitable enviornment for children with special needs? Explain.	___	___

Student's Name:_____ Date:_____

Course:_____

LAB EXPERIENCE 27

LEARNING OBJECTIVE

Plan and use a transition activity in a mainstreamed child care setting.

DIRECTIONS

1. Arrange to participate in a mainstreamed child care group. (Note: If you do not have access to a mainstreamed setting conduct this lab experience in a regular child care setting.) Visit with the caregiver to decide the best time and find out about the needs of the special children in the group.
2. Use one of the following transition activities to guide children through a smooth change of activities.
3. Answer the questions below.

KEY QUESTIONS

How did the children respond to your transition activity?

How did you consider the needs of the special child when presenting your transition?

Why are transitions important activities for fostering positive group interactions?

TRANSITION ACTIVITIES

The Snail Song

Down in the garden there lived a snail
And everywhere he went, he left a trail.
Snail, snail, hungry snail,
And everywhere he went, he left a trail.

He said, "I think I'll go and find some lunch."
He said, "I think I'll go and find some lunch."
Munch, munch, chew and crunch.
He said, "I think I'll go and find some lunch."
(The children can move slowly like snails prior to lunch or snack time and follow the caregiver around the room, to the tables.)

Animal Game

If I were a kangaroo,
I would so happy be,
I would hop along and say,
"Come and hop with me."

If I were a snake,
I would so happy be.
I would slither along and say,
"Come and slither with me."
(Use other animals and motions that can be done by all the children in the group.)

It's Time to Clean Up (To the tune, "My Bonnie")

It's time to clean up everybody,
It's time to clean up for today,
It's time to clean up everybody,
So put all the toys away.
Clean up, clean up, clean up, everybody, clean up, clean up.
Clean up, clean up, clean up everybody, clean up.

Name Rhythms

Clap out rhythms, chanting the children's names to the rhythms. For example, 1-2-3 claps for Millie Smith or 1-2-3-4 claps for Jose Garza. With experience the children will be able to guess which names belong with certain rhythms.

Who's Gone?

Have the children close their eyes. Gently touch one child, who leaves the group. The other children then open their eyes and try to guess who is gone from the group. This is a good activity to move children one at a time to an activity in another part of the building or outside.

Simon/ Sally Says

Play the game as usual. After a few directions, say, "Simon says stand up," or "Sally says for John, Pedro, and Sarah to tiptoe to the book center." (Individualize to meet the needs of children with handicaps.)

Colors

Using a theme recently read about or experienced is useful in planning transitional activities. For example, after flying kites during a unit about spring, give each child different colored small construction paper kites. When you are ready to divide the group into smaller groups or ready to change activities, say, "If you have a blue kite, you may go outside" (or to wash your hands, etc.). You can control the process by giving several children the same color.

Student's Name:_____ Date:_____

Course:_____

LAB EXPERIENCE 28

LEARNING OBJECTIVE

Present a small group activity to preschool children in a mainstreamed child care setting which focuses on cooperation.

DIRECTIONS

1. Arrange to work with a small group of preschool children in a mainstreamed setting. (Note: If you do not have access to a mainstreamed setting, work with children in a regular child care setting.)
2. Present the learning activity on the following page or develop one of your own which will involve children in a cooperative activity.
3. After your activity record the children's responses in the space marked "Results."
4. Answer the questions below.

KEY QUESTIONS

What did the children learn about cooperation?

How did you ensure the participation of children with special needs in the activity?

Why is it important to plan specific activities to foster cooperation in the mainstreamed child care setting?

EXPERIENCE PLAN

Topic: Balloon Co-op *Approximate age(s)* 3 years and up
Purpose: To give children an opportunity to cooperate
Child(ren) who might be involved:
Materials: 20 blown-up balloons, large box

Caregiver's Role: Place all the balloons in a large box. If you do not have a box that is large enough, contain the balloons in a corner. Tell the children that they are going to play a game in which they must help each other or cooperate. The goal is for a group of three children to see how many balloons they can hold up together. After the game ask questions to help children think about how they worked together.

Anticipated Child(ren) 's Role: Children will be challenged not only to cooperate but to do some joint problem solving. All three children may try to hold as many balloons as they can. Some children may organize with one child getting the balloons and loading them into the arms of the other two. Children can count the balloons that they have been able to hold up together.

Results:

EXPERIENCE PLAN

Topic: *Approximate age(s)*
Purpose:
Child(ren) who might be involved:
Materials:
Introduction:

Caregiver's Role:

Anticipated Child(ren) 's Role:

Results:

Student's Name:_____ Date:_____

Course:_____

LAB EXPERIENCE 29

LEARNING OBJECTIVE

Practice incidental teaching to promote positive interactions among a group of preschool children in a mainstreamed setting.

DIRECTIONS

1. Arrange to serve as an assistant to a child caregiver for a morning in a mainstreamed child care program. (Note: if you do not have access to a mainstreamed setting, work with children in a regular child care setting.)
2. Work with the children and look for ways to take advantage of naturally occurring events which show positive interactions. Reward displays of positive interactions and expand events to help children learn more about cooperation.
3. Answer the questions below.

KEY QUESTIONS

What kinds of positive interactions did you observe occurring naturally among the children? Give several examples.

How were you able to take advantage of these situations? What did you do or say? Give at least two examples.

Do you think your incidental teaching was effective? Explain why.

Student's Name:_____ Date:_____

Course:_____

LAB EXPERIENCE 30

LEARNING OBJECTIVE

Work with a special needs child to help that child develop positive social skills and play behaviors.

DIRECTIONS

1. Arrange and obtain parental permission to work with a special needs child in a mainstreamed child care setting. Ask the caregiver to help you identify a social skill or play behavior that this child needs to improve or develop. (Note: If you do not have access to a mainstreamed setting, work with a child in a special eduction setting.)
2. Observe the child to determine the best way of working with the child.
3. Write a plan for helping this child acquire a new skill or improve an existing skill. Be sure to base your plan on a behavioral objective.
4. Plan to assist the child's caregiver for at least an hour during a free-choice play time. Try to come at the same time for about three days in a row. During that time, be aware of the child with special needs and implement your plan.
5. Answer the questions below.

KEY QUESTIONS

What social skill or play behavior did you identify as one that could be developed or improved?

What did you learn about the child during your initial observation?

What plan did you make for helping this child acquire or improve a skill?

Briefly describe what you did each day with the child and how the child responded.

First Day:

Activity:

Child's response:

Second Day:

Activity:

Child's response:

Third Day:

Activity:

Child's response:

What changes did you observe in the child's behavior? Relate these changes to your intervention strategy. Would you continue or modify your plans after three days?

Student's Name:_____ Date:_____
Course:_____

LAB EXPERIENCE 31

LEARNING OBJECTIVE

Provide an opportunity for a group of special needs children to participate in dramatic play.

DIRECTIONS

1. Read the information on the following page about promoting creative dramatic play through the use of prop boxes.
2. Prepare a prop box of your own.
3. Arrange to introduce your prop box to a group of children in a mainstreamed child care setting. Be sure that several children with special needs are included in the group. (Note: If you do not have access to a mainstreamed program, work with children in a regular child care setting.)
4. Observe the children as they explore and play with the materials in the prop box.
5. Answer the questions below.

KEY QUESTIONS

What were the theme and contents of your prop box?

How did you introduce the prop box?

How did the children with special needs react to the prop box? Do you think it helped them play creatively? Why?

PROP BOXES*

Prop boxes are boxes which contain a special collection of real (or as close to real as possible) items. The items in the box are related to a theme such as an occupation or event. Children with special needs often need help in learning to pretend. The objects in a prop box can make such creative dramatics easier.

Before the box is left for the children's play, sit down with them and discuss each of the items. Have the children suggest ways that the items can be used. If the collection of items is related to an occupation discuss that occupation, show pictures or a film, etc. Even better would be a field trip or visit prior to the introduction of the prop box. Children will be more creative with props that are familiar to them.

The following is a list of some kinds of prop boxes and possible items to include. List other items that you would think appropriate for young children.

Hair Care Shop
Comb/Brush (label one for each child's personal use)
Empty shampoo bottles
Old hair dryer
Cape
Cardboard scissors

Locksmith
Keys
Locks
Door knobs
Key rings
Small hand tools

Olympics
Uniforms with numbers
Stop watch
Sun visors
String
Chalk
Balls

Bakery
Pans
Bakery boxes
Icing tubes and tips
Egg carton
Mixing bowl

*Source: Katherine Read Baker, Editor. *Ideas That Work with Young Children.* Washington, DC: National Association for the Education of Young Children, 1972.

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 32

LEARNING OBJECTIVE

Assist a child who needs special help to identify and express feelings in an appropriate way.

DIRECTIONS

1. Arrange to serve as an assistant to a child caregiver for a morning.
2. Have the caregiver identify a child who needs help to identify and express his or her feelings in an appropriate way. Focus your attention on this child.
3. Work with the child during a free-choice play session indoors or outdoors. Find opportunitites to help the child identify and express her or his feelings in appropriate ways.
4. Answer the questions below.

KEY QUESTIONS

What examples can you relate which show how you were able to help a child to identify and express feelings in a positive way? Give at least two examples. Describe exactly what you did and said.

EXAMPLE 1:

EXAMPLE 2:

Were you able to remain non-judgmental about the child's feelings? Explain.

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 33

LEARNING OBJECTIVE

Evaluate utilization and usefulness of rules for a group of preschool children.

DIRECTIONS

1. Observe a group of preschool children and their caregiver(s) in a mainstreamed child care program.
2. Note instances which illustrate children's ability to follow rules.
3. Answer the questions below.

KEY QUESTIONS

Describe the examples you observed of children following rules. What rules did the children follow?

Did the other children or the caregiver(s) help children follow rules? If so, how?

What kinds of rules did the children seem to have difficulty following? Why?

Are the rules established for the group appropriate for the developmental level of the children? How might the rules be improved?

What rules, if any, did the special needs children need to be reminded of most often? Why?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 34

LEARNING OBJECTIVE

Use positive reinforcement and extinction to change a child's (or adult's) behavior.

DIRECTIONS

1. Identify a behavior of a child or adult with whom you work that you would like to change. This person should be someone you work with regularly. Conduct this lab with a special needs child if you are presently working with one.
2. Take a base line of how often that behavior occurs. In other words, be specific about the number of times this behavior occurs during a certain time period.
3. Identify the current positive reinforcer of that behavior, if there is one.
4. Make a plan to extinguish an undesirable behavior and reinforce a desirable behavior that can replace it.
5. After several days, take another base line. If behavior has not changed, continue your strategy until the behavior changes or plan a new strategy.
6. Answer the questions below.

KEY QUESTIONS

What specific behavior did you want to change?

How often did that behavior occur?

What was the reinforcer for that behavior if there was one?

What was your plan to change the behavior?

When did you notice a change?

What have you learned about behavior modification as a result of this experience?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 35

LEARNING OBJECTIVE

Develop a plan for changing a child's behavior.

DIRECTIONS

1. Arrange to observe a child with special needs in a mainstreamed child care setting. (NOTE: If you do not have access to a mainstreamed setting, observe a child in a special education setting.)
2. Observe the child, taking note of undesirable behaviors shown by the child.
3. Pinpoint one behavior that you think should be changed and write a plan for changing the child's behavior.
4. Answer the questions below.

KEY QUESTIONS

Describe an instance of the child's undesirable behavior.

What do you think might be the underlying cause of this behavior? What was the reinforcer for this child's behavior?

What plan could you suggest for changing this child's behavior? Briefly describe.

SELF-EVALUATION FOR LABORATORY EXPERIENCES

Name of Student: _____ Date: _____

Course Instructor: _____ Course: _____

Lab Experience: _____

Briefly describe the events of your experience.

Answer the following questions.	Yes	No	N/A
1. Did I read the unit overview and assigned readings?	☐	☐	☐
2. Did I read the lab experience carefully before beginning?	☐	☐	☐
3. Did I follow the directions?	☐	☐	☐
4. Did I arrive on time as planned?	☐	☐	☐
5. Were my materials or equipment ready?	☐	☐	☐
6. Did I know the assignment well enough to carry it out without referring to notes?	☐	☐	☐
7. Did I introduce myself to the caregiver and children?	☐	☐	☐
8. Did I achieve the learning objective for the lab experience?	☐	☐	☐
9. Were my personal goals for the experience achieved?	☐	☐	☐

Describe what you feel you accomplished as a result of this experience.

How could you improve your performance?

PARTICIPATION EVALUATION

Name of Student Observed: _____ Date: _____
Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Poor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction to the experience	☐	☐	☐	☐	☐
Carrying out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

Performance Objectives

Learning in the Mainstreamed Child Care Program
Unit V

Planning to Individualize

Explain the importance of individualized learning in the mainstreamed child care program.

Use data from observations and assessments to plan for each child's individual learning needs.

Develop guidelines for working with other professionals in meeting the individual child's learning needs.

Providing Individualized Learning

Use a variety of teaching techniques which are effective in promoting individual learning in children with special needs.

Provide learning experiences which are developmentally appropriate for the range of abilities in the group, focusing on what the children *can* do.

Demonstrate the ability to modify or adapt learning materials to meet the needs of special children.

Learning Self-Help Skills

Develop strategies for promoting self-help skills in children with special needs.

An Overview

Children in a mainstreamed program learn in much the same way as children in any quality child care program. In other words, learning is individualized. For children with handicaps, a special plan is designed to meet their specific learning needs. Developing such a plan takes the cooperative efforts of several professionals as well as the child's parents and caregiver.

In the classroom, the caregiver uses many techniques to help special needs children learn. A few of the most effective techniques are reviewed below. Because children with handicaps may need assistance to learn self-help skills, several suggestions for learning self-help skills are reviewed. For more detailed information, study the references listed at the end of the overview.

Planning to Individualize

Individualized learning is important for special needs children for two basic reasons. One reason is that individualizing is a practical and effective way to ensure that children with special needs continue to learn. The second reason is that Public Law 94-142 requires that an individualized approach be used in providing education and services to the handicapped.

The first step in the individualized learning process is the development of the Individualized Education Program (IEP). For infants and preschool children these are sometimes called Individualized Developmental Plans (IDP). This plan is based on observations of the child by parents and caregivers and assessments done by other professionals. The individuals involved in developing the IEP are called the Admission, Review, and Dismissal (ARD) Committee in Texas. Because a team, including the parents, is needed to develop the IEP, caregivers must know how to work effectively with others.

Writing the IEP. The IEP is usually recorded on a form. The type of form used may vary from one agency to another. However, all IEPs must include the following information topics:

- Child's current skills and needs
- Annual goals
- Short-term instructional objectives
- Educational services to be provided
- Degree to which the child can be mainstreamed

- Dates to which services will begin and end
- Evaluation criteria

Child caregivers are most likely to be involved in determining goals and objectives and in evaluating progress.

The ARD Committee meets to develop the IEP. The Committee is composed of the following members:

- Child's parents
- Special education specialists from local school district
- Any professionals such as physicians, therapists, and psychologists who did the assessments or have information concerning the child
- Caregivers or teachers who will work with the child in the mainstreamed setting

Each member of the team contributes information gathered about the child's present level of performance. For example, the caregiver may share information gathered through routine observations done as a part of the child care program's screening efforts. Based on this information, the team then determines annual goals for the child's development and learning. Goal statements are broad and general in nature. For example, one goal might be for a child "to develop problem solving skills." Next the team writes specific objectives based upon the goals. For example, one objective might be:

"(Child's name) will be able to complete an eight-piece puzzle, that he or she has not seen before, in 10 minutes."

The objectives are more specific than the goals. An objective states exactly what behavior will be observed in the child and under what conditions it will be observed. The statement also includes an evaluation criterion. In the case of the above objective, completion of the puzzle within 10 minutes is the evaluation criterion.

Members of the IEP team will have suggestions to make about the services to be provided, a timetable for providing the services, and the length of time the child can spend in the mainstreamed setting. All of this information will be recorded on the child's IEP.

Working with Other Professionals. A caregiver may have a unique understanding of a special child's needs. This is especially true if the caregiver has been working with the child prior to the identification of special needs. However, to best meet the child's learning needs, the caregiver will also need to rely on guidelines provided by those professionals assigned to give the child therapy or special instructions. Supporting in the mainstreamed setting the work done by these other professionals is essential. Caregivers may need to communicate often with these professionals to evaluate the child's progress. Good interpersonal skills will facilitate cooperation.

In turn, caregivers give valuable feedback to the professionals who provide special services to the child. The caregiver should not hesitate to share observations and opinions about how the child is progressing. A spirit of teamwork will create the best opportunities for the child to learn.

Providing Individualized Learning

Once a child with special needs has an Individualized Education Program, the child's caregiver is ready to provide individualized learning. Many techniques are effective. Task analysis followed by precision teaching and positive reinforcement are among the most effective approaches to individualized learning. Experiences provided for the child as a part of the precision teaching method should focus on all the senses. Providing a variety of activities so that the child practices a skill in many situations is also important. To meet the special child's needs, it is often necessary for the caregiver to modify or adapt learning materials.

Task Analysis. Task analysis means breaking down a skill into small steps. Behaviors such as cutting with scissors, riding a tricycle, classifying objects, etc., are composed of smaller behavioral units. These smaller units of behavior are arranged into a progressive sequence. The sequence begins with the simplest behavior and is called the *entry behavior.* The steps which follow are called *en route* behaviors. The final behavior is the *terminal objective.* Each step along the way must be mastered before the child can progress to the next step. The following is an example of a task analysis for the skill of cutting with scissors:

Entry Behavior	Pick up cotton balls with tongs.
	Snip one-inch wide paper while caregiver holds paper taut.
	Snip one-inch wide paper.
En Route Behaviors	Snip one-inch wide paper with heavy lines marked on the paper.
	Cut three inches on marked straight line.
	Cut three inches on marked curved line.
Terminal Objective	Cut out a three-inch diameter circle marked with heavy line.

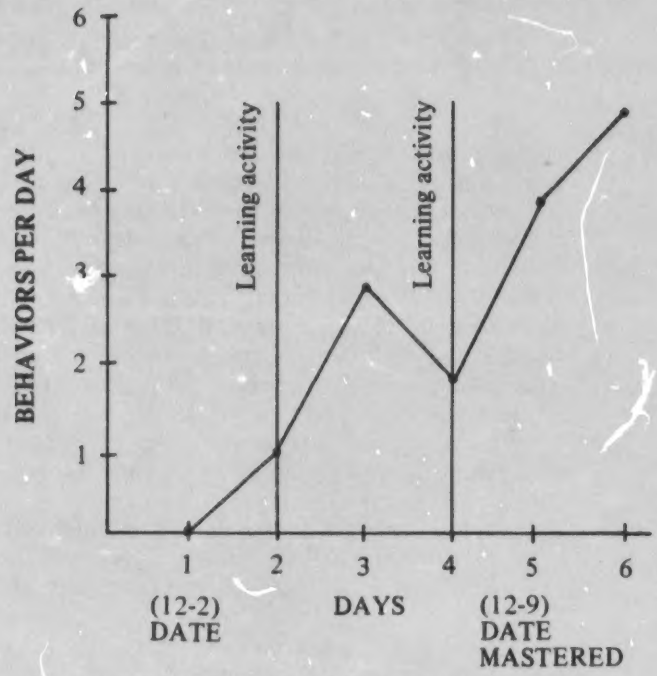
The short-term objectives listed on a child's IEP are the terminal objectives. The caregiver needs to determine what steps will lead to this behavior. Caregivers might begin by observing children who have already mastered the terminal objective, noticing what smaller behaviors make up the larger behavior. Other pro-

fessionals working with the child may also be able to assist the caregiver in the process of task analysis. Sometimes there are lists of behavioral sequences already available to guide persons who work with special needs children.

Precision Teaching. As the term implies, *precision teaching* is a method for carefully targeting and eliciting desired behaviors. First the caregiver *pinpoints* the desired behavior. The child's IEP objectives and the subsequent task analysis of those objectives fulfills this step. Next the caregiver *analyzes* where the child is in the behavioral sequence for the target objective. To do this the caregiver may structure an activity which will require the child to use the desired behavior. Or, the caregiver may simply need to observe the child's behavior in an unstructured situation. For example, in the case of the child who needs to learn how to cut, the caregiver may observe that the child can cut effectively only when the caregiver holds the paper taut.

Now the caregiver *charts* the degree to which the child is progressing toward mastery of the objective. In some situations, a graph is the most effective way to show progress. In other cases, behaviors leading to the terminal objective are listed and the date that mastery is achieved is recorded. It is important to start charting before learning activities are begun. That way the effects of learning strategies are apparent. The two illustrations that follow are examples of both types of charts.

BEHAVIOR FREQUENCY RECORD



Terminal Objectives: Exhibit sharing behavior at least five times during the day

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MASTERY RECORD

	FIRST CHECK (DATE)	AFTER LEARNING ACTIVITY 1	2	3	4	MASTERY (DATE)
1. Pick up cotton balls with tongs.						
2. Snip one-inch wide paper while caregiver holds paper taut.						
3. Snip one-inch wide paper.						
4. Snip one-inch wide paper with heavy lines marked on the paper.						
5. Cut three inches on marked straight line.						
6. Cut three inches on marked curved line.						
7. Cut out a three-inch diameter circle marked with a heavy line.						

After setting up the chart to be used, the caregiver plans and provides a variety of *learning experiences* which will lead the child to mastery of the objective. Activities should allow the children to practice skills in many different situations. The more senses that can be involved, the better. Learning experiences, whether individual, or for a small or large group, should focus on what the children *can* do. No child should be excluded from or frustrated by activities which are beyond the child's abilities. The final step is to *evaluate progress* toward the objective each day. To summarize, precision teaching involves:

- Pinpointing desired behavior
- Analyzing child's present behavior
- Charting beginning and ending behaviors
- Providing learning experiences
- Evaluating progress

Positive Reinforcement. The role of positive reinforcement in promoting appropriate social and play behaviors was reviewed in the previous unit. Positive reinforcement, likewise, has a powerful effect upon children as they learn to master cognitive, language, and motor skills. Using positive reinforcement with precision teaching requires the caregiver to carefully control the reinforcers. For example, at first the caregiver rewards the child each time that the child cuts while the caregiver holds the paper taut. Once this behavior is mastered, the child earns further rewards only when the next behavior in the sequence is attempted, and so on. The caregiver gradually draws the child to a higher skill level by decreasing rewards for behavior mastered and increasing rewards for new behavior in the sequence. Controlling rewards in this way is not always easy. Caregivers will need to practice to gain positive reinforcement skills.

Adapting Learning Materials. For the most part, caregivers can meet individual needs by providing materials at a variety of developmental levels. Sometimes, however, caregivers may need to adapt learning materials to meet a child's needs. Through observation and understanding of a child's special needs, the caregiver can discover ways to adapt learning materials. Some of the following ideas have been discovered by others to be helpful:

- For children with visual impairments, add something textured such as sand or sawdust, to easel and finger paints.
- For children with learning disabilities or visual impairments, mark off a work space on the table with masking tape.
- For children with physical disabilities, cover objects such as paint jars with a thin sheet of foam or a rubber band to make them easier to hold.
- For children in wheel chairs, tie a string to the end of a bean bag for quick recovery after a toss.
- For children with hearing impairments, provide percussion instruments for use during music.

These are but a few of the creative ideas for adapting or modifying learning materials. Caregivers should feel free to try any new

idea which might make learning easier or more effective for the child with special needs.

Many avenues are available to caregivers as they strive to help young special needs children learn. Task analysis, precision teaching, positive reinforcement, and adapting learning materials are just a few of the techniques which might be applied. Caregivers should not limit themselves, but rather seek to find new ways to promote learning in the mainstreamed child care program.

Learning Self-Help Skills

Some handicapping conditions may make it more difficult for young children to acquire self-help skills. Learning to function as independently as possible is important for child with special needs. Self-help skills are often a part of a child's IEP. Self-help skills fall into four basic categories:

- Dressing and undressing
- Toileting
- Grooming
- Eating and drinking

Caregivers must first determine a child's level of performance for each of these areas. Next the caregiver and other professionals working with the child develop a plan for teaching the child needed self-help skills. Beginning with what a child *can* do and progressing gradually will enhance a child's self-concept and motivate the child to continue learning.

Task analysis and precision teaching are effective techniques for helping children learn self-help skills. Some skills can be taught through a technique known as reverse or backward chaining. With this technique, the caregiver helps the child with all but the last step in the task sequence. After this last step is mastered, the caregiver encourages the child to perform the last two steps, and so on until the child has mastered the skill. For example, when washing hands, the child must go through the following steps:

1. Turn on cold water (some children may turn on hot andcold to make warm water.)
2. Wet hands.
3. Apply soap.
4. Lather hands using brisk scrubbing motion.
5. Rinse off soap.
6. Turn off water.
7. Get paper towel.
8. Dry hands.
9. Dispose of paper towel in wastebasket.

With reverse chaining, the caregiver would have the child dispose of the paper towel. The caregiver would help the child with all the other steps. In this way, the child learns by small steps and is rewarded for *finishing* the task though the caregiver may be

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helping with beginning steps that lead to completion of the task. Reverse chaining is especially appropriate for teaching dressing and undressing skills.

Caregivers should encourage children with special needs to do as much for themselves as possible. Often-well-meaning adults in a special child's life want to do everything for the child. This is a mistake. Children with special needs, like all children, want to have mastery over their own bodies. An important sense of "I can do it by myself" comes from mastery of self-help skills. So, a caregiver needs to know when to offer help and when to refrain from offering help to a child.

Summary

Learning in the mainstreamed child care program can be very exciting for children and caregivers alike. Because each child is treated as an individual with unique learning styles and needs, caregivers will often feel a real sense of accomplishment as they watch the children grow and develop. To meet each child's individual needs, caregivers and other professionals work together. They plan, offer learning experiences, and evaluate their effectiveness. Learning experiences are appropriate and focus on what the children can do. Caregivers provide many opportunities for children to practice skills in a variety of situations. Caregivers in a mainstreamed program also understand the importance of learning self-help skills which help children gain a sense of accomplishment.

REFERENCES

Allen, K. Eileen. *Mainstreaming in Early Childhood Education.*

Deiner, Penny L. *Resources for Teaching Young Children with Special Needs.*

Humanics Associates. *Planning for Children: Developing Skills to Plan and Implement an Individualized Educational Preschool Program, Vol I, A Self Instruction Guide.*

Rogovin, Anne and Cataldo, Christine Z. *What's the Hurry? Developmental Activities for Able and Handicapped Children.*

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 36

LEARNING OBJECTIVE

Observe an IEP planning or evaluation meeting.

DIRECTIONS

1. Arrange to observe an IEP planning or evaluation meeting. Obtain necessary permission.
2. Observe the meeting, noting the topics covered and how the team members work together.
3. Answer the questions below.

KEY QUESTIONS

Who were the participants in this meeting? List roles, *not* names (i.e., parent, caregiver, therapist).

What was the purpose of this meeting?

Briefly describe the topics covered.

How did the team members work together? Give examples of behaviors which show that team members cooperated.

Based upon this observation, how do you think this team's efforts will benefit the child?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 37

LEARNING OBJECTIVE

Use observations from a developmental check list to plan learning objectives for a child.

DIRECTIONS

1. Obtain a copy of a developmental check list for preschool age children. [NOTE: You can find such check list in many textbooks or your instructor may provide one.]
2. Arrange to observe and/or work with a preschool age child to determine the child's skills in relation to those items listed on the developmental check list. You may need to observe the child on several occasions, depending on which child is observed and which check list is used
3. Using the information from your observation, write learning objectives for this child. Your objectives should focus on those skills which the child has not yet mastered.
4. Attach your check list and your list of learning objectives to this lab for evaluation.
5. Answer the questions below.

KEY QUESTIONS

Were you able to identify some of the child's skills and needs by using a developmental check list? What problems, if any, did you experience?

How do developmental check lists help caregivers individualize learning for children?

Can developmental check lists be used in evaluating a child's learning? How?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 38

LEARNING OBJECTIVE

Interview a professional such as a speech or physical therapist, psychologist, or special educator about ways that caregivers in the mainstreamed child care environment could enhance the professional's work with a child.

DIRECTIONS

1. Make an appointment to interview a professional associated with services to young handicapped children.
2. Prepare a set of interview questions which will focus on the relationship between this professional and a child caregiver as they try to help a child with special needs. Have your instructor check your questions before your interview.
3. Answer the questions below.

KEY QUESTIONS

What kind of information about a child's needs could this professional provide for a child caregiver?

What kind of information would this professional expect from the child caregiver?

How does this professional view the relationship between herself or himself and a child's caregiver?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 39

LEARNING OBJECTIVE

Observe a special education specialist at work with special needs children.

DIRECTIONS

1. Arrange to observe a special education professional at work with (a) special needs child(ren). Professionals whom you might observe include:
   - Psychologist
   - Speech Therapist
   - Physical Therapist
   - Occupational Therapist
   - Special Education Teacher
2. Observe the professional at work with (a) child(ren) in a typical session. Take note of what happens and the techniques that the professional uses to work with the child or children.
3. Answer the questions below.

KEY QUESTIONS

What happened during this session? Briefly describe the events.

What do you think were the professional's goals or objectives for the child or children?

What special techniques did you observe? How might these same techniques be applied to the mainstreamed child care setting?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 40

LEARNING OBJECTIVE

Write a task analysis of a typical preschool child's behavior.

DIRECTIONS

1. Decide on a typical preschool behavior for which you would like to develop a task analysis. Behaviors such as riding a tricycle, stringing wooden beads, matching texture squares, or turning the pages of a book are possibilities.
2. Observe several preschool age children who have developed this behavior. Determine which smaller or prerequisite behaviors make up the larger behavior.
3. Complete the task analysis form below. Remember to list behaviors in order of difficulty from the simplest to the most complex.

Entry Behavior:

En Route Behaviors:

Terminal Objective:

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 41

LEARNING OBJECTIVE

Apply the precision teaching method to help a child with special needs learn a new skill.

DIRECTIONS

1. Arrange to work with a child with special needs for several consecutive days. (You may also do this lab with a non-special needs child if a child with special needs is not available to you.)
2. Work with the child's caregiver and identify a specific skill that the child needs to learn (terminal objective).
3. Write a task analysis for this skill using the form provided below.
4. Analyze the child's present level of performance through observation or an activity designed to check the child's skill.
5. Develop a chart to record beginning behavior and subsequent progress toward the terminal objective. Use one of the two charts provided on the following pages or design one of your own.
6. Develop at least three learning experiences for this child which will help the child achieve each of the behaviors in the sequence and eventually achieve the terminal behavior. Use the learning experience plan form following the charts.
7. Arrange to work with the child, providing one of the learning experiences each day.
8. Evaluate progress each day and record this information on your chart.
9. Answer the key questions.

TASK ANALYSIS

Entry Behavior:

En Route Behaviors:

Terminal Objective:

CHART 1

DIRECTIONS: Use the following chart to plot and graph the number of times the desired behavior is exhibited. Indicate days on which learning experiences occur. Indicate date terminal objective is mastered.

TERMINAL OBJECTIVE:

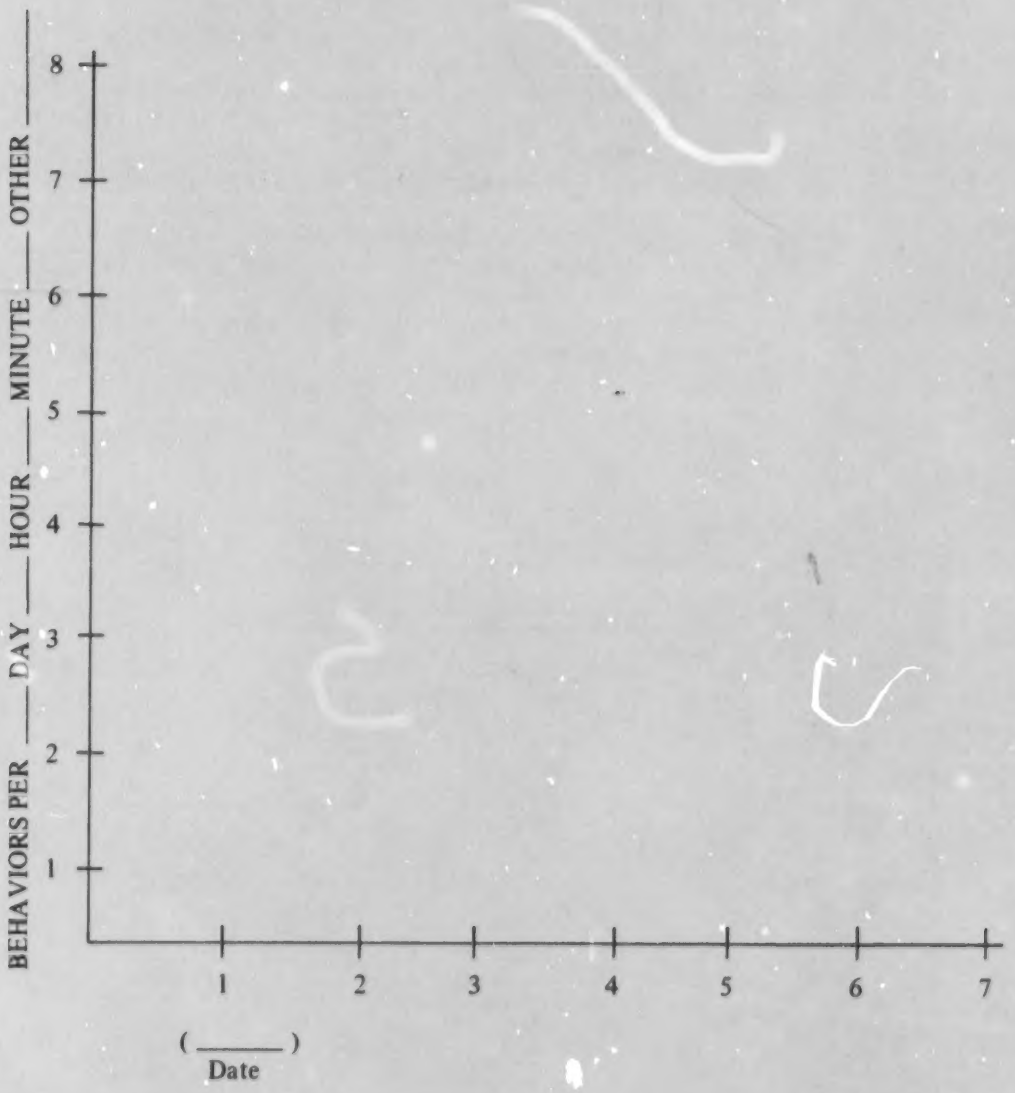

CHART 2

DIRECTIONS: Use the following chart to record the child's progress toward mastery of the terminal objective. List the sequence of steps leading to the terminal objective beginning with the entry behavior. Record date of your first check of the child's skill level, and dates of learning experiences and mastery.

Sequence of Steps to Terminal Objective	First Check (date)	After Learning Experience 1 ( )	After Learning Experience 2 ( )	After Learning Experience 3 ( )	After Learning Experience 4 ( )	Mastery ( )
Entry Behavior:						
Terminal Objective:						

EXPERIENCE PLAN

Topic: _____ *Approximate age(s)* _____
Purpose: _____
Child(ren) who might be involved: _____
Materials: _____
Introduction: _____

Caregiver's Role:

Anticipated Child(ren) 's Role:

Results:

EXPERIENCE PLAN

Topic: _____ *Approximate age(s)* _____
Purpose: _____
Child(ren) who might be involved: _____
Materials: _____
Introduction: _____

Caregiver's Role:

Anticipated Child(ren) 's Role:

Results:

EXPERIENCE PLAN

Topic: _____ *Approximate age(s)* _____
Purpose: _____
Child(ren) who might be involved: _____
Materials: _____
Introduction: _____

Caregiver's Role:

Anticipated Child(ren) 's Role:

Results:

EXPERIENCE PLAN

Topic: _____ *Approximate age(s)* _____
Purpose: _____
Child(ren) who might be involved: _____
Materials: _____
Introduction: _____

Caregiver's Role:

Anticipated Child(ren) 's Role:

Results:

KEY QUESTIONS

Were you successful in helping the child reach the terminal objective? If so, list the factors that led to success.

What difficulties did you experience?

As a result of this experience, how would you rate the effectiveness of precision teaching? Explain the advantages and possible disadvantages of using this method with children with special needs.

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 42

LEARNING OBJECTIVE

Describe ways that early childhood special education professionals modify materials to meet the needs of children with special needs.

DIRECTIONS

1. Arrange to interview two or three early childhood special education professionals. You might interview a child caregiver in a mainstreamed program, a special education teacher at your local public school, or a therapist at a rehabilitation center.
2. Ask the persons interviewed how they modify learning materials to meet special needs. If possible, examine some of the materials.
3. Answer the questions below.

KEY QUESTIONS

What ideas for modifying learning materials did you gain? List those ideas.

Why is it important to be creative and flexible in providing learning materials for children with special needs?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 43

LEARNING OBJECTIVE

Describe strategies which promote self-help skills in children with special needs.

DIRECTIONS

1. Arrange to observe in a mainstreamed child care setting. [NOTE: If you do not have access to a mainstreamed setting, observe in a special education classroom or a regular child care setting.]
2. Observe ways that caregivers are promoting self-help skills. Record examples of self-help skills that children learned in each of the four areas. Use the chart on the following page to record your examples.
3. Answer the questions below.

KEY QUESTIONS

In which type of early childhood setting did you observe?

What strategies did caregivers use to promote self-help skills? (For example, did they use precision teaching or reverse chaining?)

How did the children seem to feel about being able to take care of their own needs?

If you observed a child with special needs, describe the child's abilities in the area of self-help skills.

EXAMPLES OF SELF-HELP SKILLS LEARNING

Dressing and undressing:

Toileting:

Grooming:

Eating and drinking:

SELF-EVALUATION FOR LABORATORY EXPERIENCES

Name of Student: _____ Date: _____

Course Instructor: _____ Course: _____

Lab Experience: _____

Briefly describe the events of your experience.

Answer the following questions.	Yes	No	N/A
1. Did I read the unit overview and assigned readings?	☐	☐	☐
2. Did I read the lab experience carefully before beginning?	☐	☐	☐
3. Did I follow the directions?	☐	☐	☐
4. Did I arrive on time as planned?	☐	☐	☐
5. Were my materials and equipment ready?	☐	☐	☐
6. Did I know the assignment well enough to carry it out without referring to notes?	☐	☐	☐
7. Did I introduce myself to the caregiver and children?	☐	☐	☐
8. Did I achieve the learning objective for the lab experience?	☐	☐	☐
9. Were my personal goals for the experience achieved?	☐	☐	☐

Describe what you feel you accomplished as a result of this experience.

How could you improve your performance?

PARTICIPATION EVALUATION

Name of Student Observed: _____ Date: _____
Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Poor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction to the experience	☐	☐	☐	☐	☐
Carrying out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

Performance Objectives

Supporting Parents Unit VI

Supporting Parents

- Develop appropriate attitudes toward parents of special needs children.
- Analyze the importance of the parents' role in successful mainstreaming.
- Analyze the caregiver's role in meeting the needs of parents with special children.
- Develop effective communication techniques for working with parents in the mainstreamed child care program.
- Devise strategies for promoting positive feelings and attitudes in parents toward mainstreaming.
- Evaluate programs for involving parents in the mainstreamed child care program.

An Overview

In order for mainstreaming to be successful, a close and effective partnership must exist between caregivers and parents or guardians. Of course, this is true for all children, but it is especially important for children with special needs. Public Law 94-142 gives parents the right to be actively involved in planning and carrying out educational programs for their special needs children.

This unit briefly highlights several issues related to creating an effective partnership between caregivers and parents of special needs children. The caregiver's attitudes about and reactions to parents of special needs children are discussed. The importance of the role and the unique needs of parents with special needs children are reviewed. The caregiver's role in meeting those needs is also examined. Effective communication techniques for working with parents and strategies for promoting positive feelings among parents toward mainstreaming are explored. Finally, guidelines are given for evaluating programs for involving parrents in a mainstreamed child care program. Study the references at the end of this overview for more in-depth information on these topics.

Caregiver Attitudes Toward Parents

Research shows that, in general, parents see teachers more positively than teachers see parents. In the past, professionals have been seen as the "experts" and parents have been expected to go along with the professionals' decisions regarding the child's care and education. Parents were given little credit because they were thought to be biased or unable to "face reality."

Parents, however, can greatly contribute to their child's education. For example, parents are often more aware of the full range of their child's abilities across many situations. Professionals, on the other hand, may observe the child in limited situations.

Caregivers should realize that a child will be with them for only a limited time, while the family will be involved for a lifetime. With this view, the role of the caregiver becomes one of helping the family set and meet its goals for the special child. This must be done within the bounds of the parents' view of reality. The

caregiver can suggest alternate views, but those views cannot be forced. Good interpersonal skills can facilitate this process.

Because of their different experiences with the child, parents and caregivers may sometimes disagree about how to best meet the child's needs. These different views may also be caused by a difference in focus. Some caregivers or parents may tend to focus more on the differences between special needs and non-special needs children. Others may focus more on the similarities.

When differences of opinion occur between child caregivers and parents, it does not mean that one is right and the other is wrong. Both may be right for different reasons. An attitude of respect for the "expertise" of both the professional and the parents needs to be fostered. When differences occur, blame has no place. Instead of labeling people as "problem parents," one can think in terms of "problem situations."

When caregivers feel uncomfortable with parents of special needs children, they may react anxiously, negatively, or simply ineffectively. Many of these reactions disappear when caregivers gain experience. Good communication and interpersonel skills will help caregivers quickly overcome uncomfortable feelings. The caregiver may be in the role of providing information, referrals, and support during some very difficult times for the family. In order to be fully effective, child caregivers must not only be knowledgeable about the child's special needs, but they also need to be aware of what the family is experiencing. Caregivers must also be willing to improve their communication abilities and interpersonal skills.

Parents' Role in Mainstreaming

Research has shown a direct connection between parent-caregiver relationships and children's academic, social, and emotional growth. Children's progress is accelerated when parents and caregivers work closely together.

Parents of special needs children are sometimes at a loss as to *how* to work with their child at home to support the efforts of the child caregivers and other professionals working with the child. Parents may know what they would like to work *toward*, but they may not know how to acoomplish these goals. Caregivers may need to encourage parents to recognize themselves as the primary teachers of their child. As facilitators, caregivers can help parents decide on realistic short-term and long-term goals for their child's functioning on all levels. But more importantly, caregivers can help show the parents specific ways to achieve the goals they have chosen.

Just as caregivers need parents to reinforce at home what is being done in the educational program, parents also need caregivers to reinforce at the center what they are trying to accom-

plish at home. Some parents *do* know how to work effectively with their child and have specific goals in mind. An effective working relationship is best accomplished when parents are seen as full partners whose input is welcomed and encouraged at any time. Parent-initiated conferences should be encouraged. Candid, goal-directed meetings can help to establish this type of relationship. In these, the caregiver must be supportive, nonjudgmental, interested, and sensitive to the special needs and concerns of the parents as well as of the child.

Helping to Meet Parental Needs

It is not possible to give a simple outline of how to meet the needs of all parents with special children. The children, as well as their families, must be treated individually. However, it *is* possible to gain a better understanding of problems families face in dealing with special needs children. This understanding will help the caregiver to be more responsive to parental needs.

All parents seeking help about their child have certain basic needs. They need to be sure they are receiving the best and most current information and that those who will be helping their child are competent and knowledgeable in regard to their child's special needs. Parents need to be seen and treated as caring people with strengths as well as weaknesses. They need realistic expectations about the future, but they urgently need specific guidance about what they can do *now*.

Needs of Parents Differ. In meeting parental needs, caregivers should be careful to make a distinction between parents who are just becoming aware that their child may have special needs and parents who have already begun to adjust. The caregiver's role is different in each of these cases. In the first case, the problem is one of how to work in partnership with the parents to find out exactly what is wrong. In the second case, the caregiver's task is to provide support, information, and concrete assistance to families.

If parent or caregiver observations or the results of screening activities suggest evidence of a child's developmental delay, further assessment may be needed. This requires the participation of other professionals to administer and evaluate certain tests. (A complete discussion of the caregiver's role in screening and assessment can be found in Unit II.) Before assessments can be conducted, it is often necessary to release information gathered by the child caregiver to those conducting the assessment. Parents are asked to sign a release form which gives the child care center permission to share this information. Parents should understand that information about their child's development is confidential and can be shared only with their written permission.

Parents are often the first to suspect something is wrong—even before caregivers and other professionals notice a problem. Sus-

pecting that something is wrong is not the same as facing and dealing with it. It is a very difficult and long process to fully accept a handicapping condition in one's own child. This is true even when "milder" conditions are involved. Therefore, it is not unusual for parents to be somewhat resistant when a caregiver suggests the need to refer their child for assessment.

The Grief Process. Resistance is a normal part of the grief process that families of special needs children go through when confronted with the loss of their expectations for a normal child. Researcher Elisabeth Kubler-Ross's description of the grief process in terminally-ill patients has been adapted to the adjustment process in families with special needs children by D. Duncan. The stages he describes include:

- Denial (shock and disbelief)
- Bargaining (fear and guilt)
- Anger (resentment)
- Depression (discouragement)
- Acceptance (accommodation)

Some people disagree about the order of the stages. Others feel that these are not stages at all, but processes or dimensions that simply describe the various feelings a family experiences. What *is* important is that caregivers be aware that these feelings are natural and predictable.

Denial may take various forms. The first is obviously a denial of the child's condition. Getting an accurate diagnosis may be resisted for this reason. In fact, parents who seek diagnosis after perceiving a problem are naturally hoping to be told their fears are unfounded. This is a process full of fear and uncertainty. Parental resistance to seeking professional diagnosis can be lessened when the referral is made by a competent, supportive caregiver. The caregiver simply, but tactfully, explains what has been observed at the center that leads him or her to wonder if there might be a problem that requires special attention. Caregivers should be sensitive but very clear with parents about their exact concerns.

Caregivers should never force a parent to stop using a defense mechanism like denial. That could do psychological harm. However, caregivers *can* help the parents move out of this stage. For instance, if parents continue to refuse to accept the caregiver's observations, the caregiver can gently persuade them to at least observe the child at home and perhaps in the center. Then, it can be suggested that they meet again with the caregiver in a few weeks to discuss the observations. This will give the parents time to think about and get used to the idea that their child may have special needs.

Once a special need diagnosis has been made, the shock of discovering their child is handicapped may leave parents physically and psychologically vulnerable. Even families of children with relatively "mild" problems will feel a great deal of uncertainty and stress, putting all their coping mechanisms to a severe

test, especially at first. During this initial period of shock, parents' abilities to recognize, evaluate, and adapt to the needs of the situation may be lessened. Parents may feel frightened and alone, and they may need to be reassured about the future of their child.

Also during this time, parents often spend a great deal of time, energy, and/or money trying to find more favorable diagnoses cures, etc. Many professionals discourage such activities as wastes of time, but the activities are not necessarily negative. Sometimes parents have very good reasons for being dissatisfied with previous evaluations. Professionals can misdiagnose or make an inaccurate prediction about the future course of the condition (prognosis).

Even if the initial evaluations are accurate, parents often need "further-opinion" activities to get them through the initial "hopelessness." The process reduces the parents' guilt in that they can feel they are doing everything possible. Perhaps most importantly, during this time parents are gathering valuable information about their child's special needs that will be helpful in years to come.

Gathering information is an important part of the process after the initial shock is over. Parents will want to know why and how this has happened to their child, what the exact problems are going to be, what they or others can do to help, what effects this will have on other family members, where they can go for needed assistance, etc. However, parents may not know how to get this information. The caregiver should be sensitive to their information needs and be prepared, if requested, to make appropriate referrals to physicians, service delivery personnel, and other professionals.

In the *bargaining* stage, parents may accept the child's diagnosis but not the prognosis. Sometimes parents feel their child's problem will be overcome if they do certain things. They may become very active in parent groups, religious organizations, or other activities in an attempt to lessen the impact of the condition on the child and the family. Membership in support groups is valuable in this stage as well as the stages to come.

In the *anger* stage, parents may direct their hostile feelings about the situation *to* particular people for no rational reason. Often these feelings are directed most strongly at people who are trying to be the most responsive to the parents' needs. The parents may make unreasonable demands. They may seem not to know *what* they want from the person, but they may still be hostile no matter what is done. Sometimes the child or siblings or spouse is targeted. Direct expression of anger toward the child can result in harsh treatment of the child. Anger coupled with rejection can lead to neglect of the child. Caregivers should be aware that parents of special needs children, like all parents, have both positive and negative feelings about their children.

Caregivers may sometimes be the target of parental hostility. If caregivers are secure and have good interpersonal skills, hostility from the parents can be handled with understanding and courtesy. Caregivers who take the anger personally and act defensively will only make matters worse.

The *depression* stage might be seen as anger turned inward toward the self. This emotion may be especially strong when guilt is felt over having been somehow responsible for the child's condition. Most parents do feel at least some responsibility. These feelings may be more intense when parents have not been allowed to do all they can do to "help" their child, especially in the initial stage.

Parents of handicapped children may feel they have little to look forward to except to be burdened by constant demands and dependency. This feeling may become stronger, as the severity of the handicap increases. Some parents find themselves in a state of sorrow. This is often a realistic response to the situation.

Depression runs in cycles that are not predictable. Depression is a normal response to severe stress, and should be recognized as normal by the caregiver. However, if the depression becomes chronic (long-lasting and severe), a referral might be made to professional counseling or a parent group. Good parent programs at a mainstreamed child care center can help to lessen the sense of hopelessness felt during this period.

A family's *acceptance* occurs at different times on different levels. Acceptance on any level need not be rushed. The family has a lifetime to adjust to the various situations and demands that might arise in connection with their child. To demand full acceptance shortly after discovering a problem is simply asking too much. Acceptance does not mean, however, that parents will never again feel anger, depression or stress, situations will occur throughout the life span which will trigger these emotional responses.

To foster acceptance, caregivers should communicate a sense of caring and concern for the parents as well as for the child. This cannot be faked. If caregivers do not feel this way, they should find out more about what the family is going through. They should examine their own feelings realistically. Someone else on the staff may need to interact with the family.

A word needs to be said about parents of gifted children and children whose special needs might be considered "minor" by some. While these families may not experience grief reactions, they, too, may be uncertain about the future and their ability to help their special child. Regardless of the child's special need, the caregiver can help the parents by attempting to reduce their uncertainty. They can help the parents see what the future

holds, refer them to appropriate professional and support services, and provide them with concrete ideas about what they can do *now* to help their children.

Communicating with Parents

Good communication and interpersonal skills are important tools in working with *any* parent. However, they may be more crucial when parents of special needs children are involved. Parents often feel insecure and inadequate, especially when dealing with professionals.

For good communication, caregivers should avoid imposing their own values on the parents. Imposing values is not usually a conscious intention. However, parents of special children often perceive professionals to hold the power position in the relationship. Parents may be very sensitive to even subtle cues of disapproval and rejection.

Acceptance should be a watchword. Acceptance involves treating parents as equals and sincerely respecting their thoughts and feelings, even when there is disagreement. Caregivers need a good understanding of the values, biases, and prejudices they hold. This self-knowledge will help them recognize when they are not being accepting of parental needs or feelings.

Parent-Caregiver Conferences. Communication with parents can and should take several forms. Parent-caregiver conferences are one of the most valuable forms of communication. Such conferences should be held in private without distractions. The conversation should be structured so that parents feel free to express their opinions and ask questions. Caregivers should take care to give parents their full, undivided attention. Conferences go more smoothly when the objectives for the meeting are clear and have been mutually agreed upon, and when there is a specific timetable established. The main purpose of such meetings is to exchange information in order to evaluate the child's progress and come up with new goals or ways of meeting existing goals.

Using language the parents will understand is very important. Educators often use *jargon*, words or phrases which have professional meanings that other people, including other professionals, may not understand. When using such technical terms, caregivers should restate the ideas in ways more understandable to the parents. Caregivers should make sure parents feel free to interrupt if unfamiliar terms are used.

Both parents should be involved in these conferences whenever possible. This may require that the conferences be scheduled at night or on weekends, perhaps even in the parents' home. This is especially important during the period of time when the parents will be working through shock and denial. In fact, all family members who will be expected to play a major role in the

education of the child should be included.

Other Communication Methods. Because it is often difficult to schedule frequent parent conferences, the caregiver should use other methods of communication regularly. These might include:

- The use of notebooks that are sent back and forth between parent and caregiver via the child (useful for children with communication disorders)
- Anonymous forms requesting feedback from parents about the center
- Newsletters that focus on the successes and adventures of each child.

Other important forms of communication are the telephone or parent groups. Phone conversations *can* be used for such things as IEP (Individualized Education Program) conferences when parents cannot meet in person. Interaction of caregivers with parent groups also provides a forum for meaningful communication about parents' more general concerns.

Finally, the most frequent form of communication at a child care center may be exchanges at arrival or departure time. Because these contacts must necessarily be brief, the caregiver should try to stress positive activities and give the parents any information about incidents during the day which might affect the child at home. (Negative information should *never* be discussed in front of the child.) Caregivers should encourage parents to give them similar pertinent information upon arrival, for example, the child slept poorly, had a seizure, lost a favorite toy, etc. This information will be helpful in planning the child's daily activities.

Strategies for Promoting Positive Feelings

Conferences and other forms of communication can be used to promote positive feelings in parents about their own children. However, the caregiver must also promote positive feelings among all parents about the idea of mainstreaming. Many parents may be wary about this educational concept.

Caregivers can start by making sure parents understand what, exactly, mainstreaming is and is not. Mainstreaming is not just grouping all children together in one room. Rather, mainstreaming involves coordinating the individual programs of all the children so they can experience positive interactions and learning experiences with each other. Explaining exactly how this is done can help to calm the fears of parents of special needs children who fear their child will be "shoved aside" and of parents of other children who fear their child will be "held back" in a mainstreamed center.

Parent meetings involving all parents can provide a forum for these concerns. Asking parents to observe center activities can

be helpful in getting them to see that all children have needs in common as well as special needs.

When parents have positive attitudes toward mainstreaming, their children are likely to be more accepting. Likewise, when caregivers have positive attitudes, parents are likely to be more positive. Caregivers have more positive attitudes toward mainstreaming when they believe even severely handicapped children can become useful members of society and that all handicapped children have a right to quality child care and education. These attitudes will naturally be communicated to parents.

Program Evaluation

A mainstreamed child care center may have various types of programs for parents. Some of these include:

- Regular parent-caregiver conferences
- Home teaching programs
- Individualized parent instruction
- Center-based parent instruction
- Parent workshops
- Parent discussion groups

While these are all very different types of programs, some guidelines can be developed for evaluating the effectiveness of any program involving parents in a mainstreamed center.

The first criterion concerns the extent to which all parents are generally satisfied with the experiences their children are having. Are parents given the opportunity to voice concerns about the center without fearing reprisals against their child? Parents of special needs children may be particularly afraid that if they "make waves" their child will be asked to leave the center. Some method of anonymous evaluation of the center by parents should be a routine center policy.

The second criterion concerns the extent to which the center encourages and supports the *active* involvement of parents in the education of their children. Are caregivers given any training in how to work cooperatively with parents to set up coordinated educational activities at home? Are caregivers given the time to work with parents, or are they expected to do this on their own time? Does the administration support the efforts of caregivers to involve parents, or do they view parents as potential problems?

Related to this is a criterion focusing on the extent to which parents are actually involved in center activities. Is the center being responsive to the need for night and weekend meetings for working parents? Are both fathers and mothers encouraged to be involved? Do parents come to meetings and conferences? Do they ever initiate conferences with the caregiver?

Another criterion is the extent to which parents feel their concerns are being heard and their needs met. In caregiver-parent

conferences, is there a balance between a focus on the child's strengths and deficiencies? Are parent suggestions welcomed and considered? Are parents allowed to be truly involved in establishing an educational program for their child, or is their presence a mere formality? Are caregivers being sensitive to the special problems and needs of parents of children with special needs? Are parents receiving the types and amounts of information they need to work effectively with their child and make wise decisions about goals?

The major criterion in evaluating any parent program involves the extent to which the parent is viewed as an important, integral part of the educational team. When parents are viewed as the primary educators of their children with caregivers facilitating that process, parental involvement will be high in both quantity and quality.

Summary

This unit has provided an overview of some of the major issues involved in working with parents in mainstreamed child care programs. Some of these issues include the importance of parental roles in child care and education, the unique needs of parents of special children, communication with parents, and programming for parents of mainstreamed children. Parental attitudes toward mainstreaming and caregiver attitudes toward parents are also important issues which have been addressed.

Underlying all of these issues is a concern about how parents are seen by caregivers. The view presented here is one that sees parents as important, necessary members of the child care and education team. The child is felt to be best helped when the needs of the whole family system are considered. Caregivers are seen to play an important role in facilitating parents' goals for the care and education of their special needs children.

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Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 44

LEARNING OBJECTIVE

Evaluate attitudes of caregivers toward parents of special needs students.

DIRECTIONS

1. Arrange to have two caregivers in a mainstreamed program complete the questionnaire on the following pages. [NOTE: Two copies are provided of the questionnaire. Do not make arrangements with a caregiver who is being interviewed by another classmate.]
2. Ask the caregivers to take a few minutes individually to discuss with you why they gave the answers they did. Ask them to compare parents of special needs children with other parents on these dimensions.
3. Answer the questions below.

KEY QUESTIONS

How did the caregivers view parents of special needs children?

How did the caregivers see parents of special needs children as similar to and different from parents of children without special needs?

How did experience in working with parents of special children affect the caregivers' attitudes toward these parents?

CAREGIVER ATTITUDE QUESTIONNAIRE

Please check the blank closest to your view. If undecided, check the middle blank.

MOST PARENTS OF SPECIAL NEEDS CHILDREN ARE:

1.	HELPFUL	:	:	:	:	:	HINDERING
		1	2	3	4	5	
2.	PATIENT	:	:	:	:	:	DEMANDING
		1	2	3	4	5	
3.	DULL	:	:	:	:	:	INTERESTING
		1	2	3	4	5	
4.	INCONSIDERATE	:	:	:	:	:	COURTEOUS
		1	2	3	4	5	
5.	STUBBORN	:	:	:	:	:	COOPERATIVE
		1	2	3	4	5	
6.	REALISTIC	:	:	:	:	:	UNREALISTIC
		1	2	3	4	5	
7.	EDUCATED	:	:	:	:	:	ILLITERATE
		1	2	3	4	5	
8.	AGREEABLE	:	:	:	:	:	DISAGREEABLE
		1	2	3	4	5	
9.	DISHONEST	:	:	:	:	:	HONEST
		1	2	3	4	5	
10.	UNWILLING	:	:	:	:	:	WILLING
		1	2	3	4	5	
11.	KNOWLEDGEABLE	:	:	:	:	:	UNAWARE
		1	2	3	4	5	
12.	IRRESPONSIBLE	:	:	:	:	:	RESPONSIBLE
		1	2	3	4	5	
13.	OPEN-MINDED	:	:	:	:	:	CLOSED-MINDED
		1	2	3	4	5	
14.	ACCEPTING	:	:	:	:	:	UNACCEPTING
		1	2	3	4	5	
15.	OPTIMISTIC	:	:	:	:	:	PESSIMISTIC
		1	2	3	4	5	

I HAVE WORKED WITH PARENTS OF SPECIAL NEEDS CHILDREN: (check one)

____ A LOT
____ SOME
____ NOT MUCH
____ NOT AT ALL

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CAREGIVER ATTITUDE QUESTIONNAIRE

Please check the blank closest to your view. If undecided, check the middle blank.

MOST PARENTS OF SPECIAL NEEDS CHILDREN ARE:

1.	HELPFUL	:	:	:	:	:	HINDERING
		1	2	3	4	5	
2.	PATIENT	:	:	:	:	:	DEMANDING
		1	2	3	4	5	
3.	DULL	:	:	:	:	:	INTERESTING
		1	2	3	4	5	
4.	INCONSIDERATE	:	:	:	:	:	COURTEOUS
		1	2	3	4	5	
5.	STUBBORN	:	:	:	:	:	COOPERATIVE
		1	2	3	4	5	
6.	REALISTIC	:	:	:	:	:	UNREALISTIC
		1	2	3	4	5	
7.	EDUCATED	:	:	:	:	:	ILLITERATE
		1	2	3	4	5	
8.	AGREEABLE	:	:	:	:	:	DISAGREEABLE
		1	2	3	4	5	
9.	DISHONEST	:	:	:	:	:	HONEST
		1	2	3	4	5	
10.	UNWILLING	:	:	:	:	:	WILLING
		1	2	3	4	5	
11.	KNOWLEDGEABLE	:	:	:	:	:	UNAWARE
		1	2	3	4	5	
12.	IRRESPONSIBLE	:	:	:	:	:	RESPONSIBLE
		1	2	3	4	5	
13.	OPEN-MINDED	:	:	:	:	:	CLOSED-MINDED
		1	2	3	4	5	
14.	ACCEPTING	:	:	:	:	:	UNACCEPTING
		1	2	3	4	5	
15.	OPTIMISTIC	:	:	:	:	:	PESSIMISTIC
		1	2	3	4	5	

I HAVE WORKED WITH PARENTS OF SPECIAL NEEDS CHILDREN: (check one)

___ A LOT
___ SOME
___ NOT MUCH
___ NOT AT ALL

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 45

LEARNING OBJECTIVE

Evaluate the importance of parents' roles in a mainstreamed child care program.

DIRECTIONS

1. Arrange to visit a mainstreamed child care program.
2. Interview the director of the program about the role of parents in the center activities.
3. Prepare a list of questions in advance.
4. Answer the questions below.

KEY QUESTIONS

What evidence is there that parents of special needs children are encouraged or discouraged from becoming actively involved in programming for their children?

In what ways do the caregivers share their expertise with parents so that parents can reinforce at home what the center is trying to accomplish with the children?

What different kinds of caregiver-parent meetings are held at this center?

In what ways are the caregivers supported or not supported by center administrators in their attempts to establish close, effective working relationships with parents?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 46

LEARNING OBJECTIVE

Investigate the needs of parents with special needs children.

DIRECTIONS

1. Arrange to visit with two parents of special needs children involved in a mainstreamed or special education program.
2. Prepare a list of questions in advance to find out about how these parents view their relationship to caregivers.
3. Answer the questions below.

KEY QUESTIONS

What family needs do parents of special needs preschoolers feel are most important for caregivers to understand?

How effective have caregivers at the center been in meeting these family needs? What could they be doing differently to improve their efforts?

Do you see any family needs that the parents themselves do not even recognize yet? If so, what are they? Would you approach the parents with this information at the present time? If so, how would you do this in the most sensitive manner?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 47

LEARNING OBJECTIVE

Observe communications between parents and caregivers.

DIRECTIONS

1. Arrange to visit a mainstreamed child care facility during arrival or departure times. [NOTE: If you do not have access to a mainstreamed child care setting, observe in a regular child care setting.]
2. Observe the communications between parents of special needs children and caregivers.
3. Answer the questions below.

KEY QUESTIONS

What type of information was exchanged during arrival and/or departure times?

Were the parent-caregiver interactions usually equal, or did one person tend to dominate the conversations?

How were parents encouraged or discouraged from giving or asking for relevant information about their child?

Were negative things about the children discussed in front of them? If so, who initiated the discussion? (If parents initiated this, how did the caregiver react?)

What evidence did you see that the caregivers tried to get and to give information about the children that would be useful to know during the day or evening?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 48

LEARNING OBJECTIVE

Plan and present an orientation to mainstreaming that will promote positive feelings and attitudes in parents toward mainstreaming.

DIRECTIONS

1. Prepare an orientation to mainstreaming in a child care program. Have your presentation approved by the center director and your instructor. [NOTE: If more appropriate for your situation, make your presentation to your classmates.]
2. Arrange to visit a parent meeting at a child care center.
3. Give the presentation you have prepared at this meeting.
4. Answer the questions below.

KEY QUESTIONS

What kind of information did your presentation include and why?

Do you think your presentation affected the attitudes of parents or caregivers? How do you know?

What would you do differently in the presentation next time?

Student's Name: _____ Date: _____

Course: _____

LAB EXPERIENCE 49

LEARNING OBJECTIVE

Assess the parent involvement program in a mainstreamed child care program.

DIRECTIONS

1. Arrange to visit a mainstreamed child care program. [NOTE: If you do not have access to a mainstreamed program, visit a regular child care program.]
2. Interview the director of the center about the program(s) offered to parents.
3. Prepare a list of questions in advance.
4. Answer the questions below.

KEY QUESTIONS

What kind of parent programs are offered through the center? Is there anything special for parents of special needs children?

Are parents of special needs children fully involved in both the design and implementation of programs for their children? What evidence do you have for this?

What types of evaluations of the center and caregivers are used by parents?

Are working parents or guardians able to take advantage of the parent programs? What evidence do you have for this?

Based on the type of parent programs available through this center, what attitude toward parents do you think the center emphasizes?

SELF-EVALUATION FOR LABORATORY EXPERIENCES

Name of Student: _____ Date: _____

Course Instructor: _____ Course: _____

Lab Experience: _____

Briefly describe the events of your experience.

Answer the following questions.	Yes	No	N/A
1. Did I read the unit overview and assigned readings?	☐	☐	☐
2. Did I read the lab experience carefully before beginning?	☐	☐	☐
3. Did I follow the directions?	☐	☐	☐
4. Did I arrive on time as planned?	☐	☐	☐
5. Were my materials or equipment ready?	☐	☐	☐
6. Did I know the assignment well enough to carry it out without referring to notes?	☐	☐	☐
7. Did I introduce myself to the caregiver and children?	☐	☐	☐
8. Did I achieve the learning objective for the lab experience?	☐	☐	☐
9. Were my personal goals for the experience achieved?	☐	☐	☐

Describe what you feel you accomplished as a result of this experience.

How could you improve your performance?

PARTICIPATION EVALUATION

Name of Student Observed: _____ Date: _____
Course: _____

Name of Instructor Evaluating: _____

Lab Activity: _____

Setting for the Observation: _____

Description of the Student's Performance:

EVALUATION CHECK LIST

General:	Superior	Good	Fair	Poor	N/A
Planning	☐	☐	☐	☐	☐
Age-appropriateness	☐	☐	☐	☐	☐
Preparation of materials	☐	☐	☐	☐	☐
Introduction to the experience	☐	☐	☐	☐	☐
Carrying out the plan	☐	☐	☐	☐	☐
Quality of initiating	☐	☐	☐	☐	☐
Quality of responding	☐	☐	☐	☐	☐
Voice tone	☐	☐	☐	☐	☐
Use of language	☐	☐	☐	☐	☐
*Specific**					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COMMENTS

*The instructor will fill in specific behaviors to be observed based on the lab experience. This should be done before the student is observed.

Glossary of Terms

active listening
An effective communication technique in which the listener repeats or reflects back to the speaker what was said in order to confirm understanding.

admission, review, and dismissal (ARD) committee
Refers to an on-going committee composed of parents, teachers and other professionals. The committee develops and evaluates the child's IEP each year.

anecdotal record
A method of recording observations of a child in which a single event or episode in the child's day is recorded.

aphasia
A language disorder which results in an inability to understand or use words.

articulation disorder
A type of communication handicapping condition which affects speech sound production.

assessment
The process through which a child's special needs are identified. Involves a number of professionals who use a variety of tests or other assessment procedures.

behavior modification
A group of specific techniques designed to change behavior, based on the assumption that all behaviors are controlled by events in the environment which reward or punish behaviors.

birth defects
A term used to describe handicapping conditions which exist at birth.

chromosomes
Thread-like particles in the egg and sperm cells which carry genes.

conductive hearing loss
A loss of hearing due to damaged middle ear mechanisms. Sounds heard are softer but not distorted.

developmental check list
A method of recording observations of a child using a prepared list of behaviors arranged in a developmental sequence. Behaviors that are observed in the child are indicated on the check list.

diagnosis
A descriptive evaluation of a child's special needs which may take the form of a categorical label such as "mentally retarded."

due process
Refers to specific legal procedures which must be followed before placing a child with special needs in an educational setting. Procedures are designed to protect the rights of parents and children.

en route behaviors
Behavior in a task analysis which must be mastered before the child can successfully perform the terminal objective.

entry behavior
The first behavior required in a task analysis of a skill.

ethics
Agreed upon rules of conduct or values or standards by which we live and work.

events sampling
A method of recording observations of a child whereby the frequency of a specific behavior is counted during a certain time period.

extinction
A behavior modification technique in which undesirable behavior is decreased by eliminating the positive reinforcer for the undesirable behavior.

fluency disorder
A type of communicati[illegible]ndicapping condition which affects the rate and rhythm of speech for example, stuttering.

genes
Particles carried by the chromosomes of the egg and sperm cells that transmit information about the traits of the individual conceived.

germ cells
Refers to a specific cell in the body designed for reproduction–the egg cell in females and the sperm cell in males.

handicap
Refers to any conditions which somehow prevent, delay, or interfere with a child's normal growth and development.

heredity
Refers to the genetic history and make-up of the individual. In other words, the traits and characteristics passed from one generation to the next.

incidental teaching
A teaching technique in which the caregiver builds upon spontaneous events in the environment to expand children's awareness and learning.

individualized developmental plan (IDP)
Term sometimes used instead of Individualized Education Plan for infants and preschool children.

individualized education plan (IEP)
Refers to a written plan stating specific goals, objectives, and teaching strategies appropriate for the individual child. Always prepared in cooperation with parents, caregivers, and other specialists.

instrument
In relation to screening and assessment refers to the test or procedure used to identify a child's areas of strength and weakness.

integration
Refers to basically the same thing as mainstreaming, that is including children with special needs in the regular classroom or group child care setting.

language disorder
A type of communication handicapping condition which affects a child's ability to express or understand word meanings or the correct order of the parts of speech in a sentence.

least restrictive environment
Refers to the environment which gives the child the most freedom and potential to develop. For some the least restrictive setting is the regular classroom or child care program. For others the least restrictive may be the residential setting.

mainstreaming
Caring for children with special needs in a regular child care setting alongside non-special needs children.

positive reinforcement
A behavior modification technique in which appropriate behavior is immediately followed by a reward.

precision teaching
A teaching technique which applies task analysis to the learning situation. Involves pinpointing desired behavior, analyzing the child's present skill level, charting progress, providing a variety of learning experiences to help the child master the terminal objective.

prognosis
A statement of the probable course that a child's handicap will take and its effects on the child's learning and development.

referral
The act of putting a parent in contact with an individual or agency which can provide specialized assistance or services to the parents and children.

release form
A document which parents sign that gives permission for a child care program to share information about a child's development with another agency or individual.

reverse chaining
A behavior modification technique in which the last step in a behavioral sequence (such as tying a shoe) is learned first, then the next to the last, etc., until the skill is mastered.

running record
A method of recording observations of a child whereby a child's behavior is continuously recorded for a period of time.

screening
The process of identifying children who may be in need of an assessment for possible special needs. This may be done by means of a screening test or through the caregivers' observations of children's behaviors.

sensorineural hearing loss
A loss of hearing due to damaged inner ear mechanisms or nerves. Sounds heard are distorted.

special child

Refers to the child who through assessment has been identified as having special needs such as the child with a handicap or the child identified as gifted and talented.

task analysis

The process of breaking a skill down into smaller subskills or behaviors in order to provide step-by-step learning.

terminal objective

The desired outcome or final step of a task analysis, in other words, the target behavior.

time sampling

A method of recording observations of a child's behavior whereby behaviors are noted at periodic time intervals.

transitions

Events in the daily schedule which come between major activity periods.

voice disorders

A type of communication handicapping condition which affects the pitch, volume, or quality of the voice.

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